

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000735

FILED
Mar 30, 2009
Secretary of State

Entity Name: BROOKSIDE AT INDIAN SPRINGS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 541058
LAKE WORTH, FL 33454 US

New Mailing Address:

FEI Number: 65-0406361 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE RAM REALTY GROUP, INC.
6352 SHADOW CREEK VILLAGE CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WASSERMAN, WENDY
Address: 5207 BROOKVIEW DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DVP () Delete
Name: RADNER, ROBERT
Address: 5304 BROOKVIEW DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP1D () Delete
Name: TEMIN, SAMUEL
Address: 5297 BROOKVIEW DRIVE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DS () Delete
Name: BURSTEIN, PAUL
Address: 5159 BROOKVIEW DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD () Delete
Name: KEIMACH, LOUIS
Address: 5153 BROOKVIEW DR
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP1D (X) Change () Addition
Name: CAPONE, RAY
Address: 11080 SPRINGBROOK CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY WASSERMAN

P

03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date