

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 APR 20 PM 12: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000004221 (7)
1. Corporation Name
BROOKFIELD NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business 8709 HUNTERS GREEN DR. TAMPA FL 33647	Mailing Address 8709 HUNTERS GREEN DR. TAMPA FL 33647
---	---

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/29/1994	3a. Date of Last Report
4. FEI Number 59-3267871	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 18902 GREEN PINE LAKE	2a. Mailing Address 26 18902 GREEN PINE LAKE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
**GREENE, WM. BRITTON
8709 HUNTERS GREEN DR.
TAMPA FL 33674**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	GREENE, WM. BRITTON	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8709 HUNTERS GREEN DR.	1.2 NAME	
STREET ADDRESS	TAMPA FL 33647	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE DST	MCMURTRY, NELL L	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8709 HUNTERS GREEN DR.	2.2 NAME	
STREET ADDRESS	TAMPA FL 33647	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE D	BLAKLEY, JOHN C	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8709 HUNTERS GREEN DR.	3.2 NAME	
STREET ADDRESS	TAMPA FL 33647	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **2/17/95**
SIGNATURE AND TITLE OF REGISTERED AGENT