

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

Mailing Address

18902 GREEN PINE LANE  
TAMPA FL 33647  
US

18902 GREEN PINE LANE  
TAMPA FL 33647  
US

3. Date Incorporated or Qualified  
08/29/1994

3a. Date of Last Report  
04/20/1995

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
59-3267871

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

5. Certificate of Status Desired  \$8.75 Additional Fee Required

City & State  
23

City & State  
28

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

Zip  
24

Country  
25

Zip  
29

Country  
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, WM. BRITTON  
8709 HUNTERS GREEN DR.  
TAMPA FL 33674

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and street address

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GREENE, WM. BRITTON	
STREET ADDRESS	8709 HUNTERS GREEN DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MCMURTRY, NELL L	
STREET ADDRESS	8709 HUNTERS GREEN DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLAKLEY, JOHN C	
STREET ADDRESS	8709 HUNTERS GREEN DR.	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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: *Wm. Britton Greene*  
Wm. Britton Greene, President

3/25/96 (813) 991-4818

CR2E037 (12/95)