

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: 9456 HIGHLAND OAK DRIVE, TAMPA FL 33647, US
Mailing Address: 9456 HIGHLAND OAK DRIVE, TAMPA FL 33647, US

3. Date Incorporated or Qualified: 08/29/1994
4. FEI Number: 59-3267871
Applied For: Not Applicable

2. Principal Place of Business: 21 Suite, Apt. #, etc.
22 City & State: 23 Tampa, FL
24 Zip: 25 33617
26a. Mailing Address: 26 7628 N. 56TH STREET
27 Suite, Apt. #, etc.: 27 SUITE 8
28 City & State: 28 Tampa, FL
29 Zip: 30 33617

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP GREENE, WM. BRITTON 8709 HUNTERS GREEN DR. TAMPA FL 33647	1.1 TITLE	Brian Kennedy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	18101 Courtney Breen
STREET ADDRESS		1.3 STREET ADDRESS	Tampa, FL 33647
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DST MCMURTRY, NELL L 8709 HUNTERS GREEN DR. TAMPA FL 33647	2.1 TITLE	Ysa Kennedy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	18101 Courtney
STREET ADDRESS		2.3 STREET ADDRESS	Tampa, FL 33647
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BLAKLEY, JOHN C 8709 HUNTERS GREEN DR. TAMPA FL 33647	3.1 TITLE	Robert Trautman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	600 W. Hespero
STREET ADDRESS		3.3 STREET ADDRESS	Deerfield FL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ Brian Kennedy 5/18/98

CPRE067 (10/97)