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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

Principal Place of Business: 9456 HIGHLAND OAK DRIVE, TAMPA FL 33647, US
 Mailing Address: 7628 N 56TH STREET, SUITE 8, TAMPA FL 33617, US



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FEI Number
22	City & State	27	City & State		Applied For
23	Zip	28	Zip	5.	Certificate of Status Desired
	Country		Country		Not Applicable
24		29		6.	Election Campaign Financing
		30			Trust Fund Contribution

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	WILLIAM C. SPIVEY
82	Street Address (P.O. Box Number is Not Acceptable)	7628 N. 56TH STREET
83		SUITE 8
84	City	TAMPA
85	Zip Code	FL 33617

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]* **WILLIAM C. SPIVEY** DATE: **4/30/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, BRIAN	
STREET ADDRESS	1801 COURTNEY BREER	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, USA	
STREET ADDRESS	18101 COURTNEY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TRAUTMAN, ROBERT	
STREET ADDRESS	600 W HILLSBORO	
CITY-ST-ZIP	DEERFIELD FL 33647	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KIRINCICH, ZELKO	
1.3 STREET ADDRESS	18155 REGENTS SQUARE DR	
1.4 CITY-ST-ZIP	TAMPA, FL 33647	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KUSHA, SIA	
2.3 STREET ADDRESS	18111 REGENTS SQUARE DR	
2.4 CITY-ST-ZIP	TAMPA, FL 33647	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PROEFROCK, K.K.	
3.3 STREET ADDRESS	18113 COURTNEY BREEZE WAY	
3.4 CITY-ST-ZIP	TAMPA, FL 33647	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BAUGHMAN, HOWARD	
4.3 STREET ADDRESS	18112 COURTNEY BREEZE WAY	
4.4 CITY-ST-ZIP	TAMPA, FL 33647	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MEIER, PAUL	
5.3 STREET ADDRESS	18113 COURTNEY BREEZE WAY	
5.4 CITY-ST-ZIP	TAMPA, FL 33647	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GOODMAN, GLENN	
6.3 STREET ADDRESS	9210 MEADOW LANE CT.	
6.4 CITY-ST-ZIP	TAMPA, FL 33647	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **ZELKO KIRINCICH** DATE: **4/7/99** 89 973 -0689

CR2E037 (11/98)

ADDITIONAL DIRECTORS

TITLE: D
NAME: CAVANAUGH, SEAN
ADDRESS: 9204 MEADOW LANE CT.
CITY, ST, ZIP: TAMPA, FL 33647

535460-9093-28

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