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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				
HS				

Mailing Address

7628 N 56TH STREET Suite 8

TAMPA FI 33617

FILED May 10, 1999 8:00 am § Secretary of State

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Suite, Apt. #, etc. City & State Zip Country Zip Country Zip Country Zip Country Applied For Not Applicable \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$10 Name and Address of New Registered Agent Signal Land Address of Current Registered Agent Signal Land Address of New Registered Agent Signal La	2. Principal	Plane of Rusiness	2a Mailing Address		3. Data incorporated or Qualified	
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City & State City & State City & State 28		l. #, etc.	Suite, Apt. #, etc.	······································		Applied For
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25 29 30 Trust Fund Contribution Added to Fees 9. Name and Address of Current Registered Agent 81 Name ### ### ### #### ###################	23 City & Sta		⊢ ¬ '' ' ''''		5. Certificate of Status Desired	
9. Name and Address of Current Registered Agent Section Proceedings Process P		´	⊢ ¬ '	¬	6. Election Campaign Financing	\$5.00 May Be
GREENE, WM. BRITTON 8709 HUNTERS GREEN DR. TAMPA FL 33674 11. Pursuant to the provisions of Sectops 617,0502 and 617,1508, Florida Statutes, the above and corporation submits this statement for the purpose of changing its registered agent. I am familiar with and doubt the obligations of, Section 617,0502, Florida Statutes. SIGNATURE Signature, typed or purpose of the or negetered agent and title if applicable. WILLIAM C. SPIVEY 83 SUITE 8 44 City TMMPA FL 85 Zip Code 3 3 C 17 11. Pursuant to the provisions of Sectops 617,0502 and 617,1508, Florida Statutes, the above and corporation's submits this statement for the purpose of changing its registered agent. I am familiar with and doubt the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or purpose of the or negetered agent and title if applicable. (NOTE: Registered Agent applicable in applicable. (NOTE: Registered Agent applicable in applicable.) (NOTE: Registered Agent applicable in applicable.) FILE 85 Zip Code 3 3 C 17 11. Pursuant to the provisions of Sectops 617,0502 and 617,1508, Florida Statutes, the above corporation's board of directors. I hereby acceptant applicable in applicable. WILLIAM C. SPIVEY 83 SUITE 8 44 City TM MPA FL 85 Zip Code 3 3 C 17 12. Purpose of changing its registered agent applicable. (NOTE: Registered Agent applicable.) (NOTE: Registered Agent applicable.) (NOTE: Registered Agent applicable.) FL 85 Zip Code 3 3 C 17 11. Purpose of the applicable applicable. (NOTE: Registered Agent applicable.) FL 85 Zip Code 3 3 C 17 12. Purpose of the applicable applicable. (NOTE: Registered Agent applicable.) (NOTE: Registered Agent applicable.) FL 85 Zip Code 3 3 C 17 11. Purpose of the applicable applicable. (NOTE: Registered Agent applicable.) FL 85 Zip Code 3 3 C 17 12. Purpose of the applicable. (NOTE: Registered Agent applicable.) FL 85 Zip Code 3 3 C 17 11. Purpose of the applicable. FL 85 Zip Code 3 3 C 17 12. Purpose of the applicable. FL 85 Zip Code 3 3 C 17 12. Pur	24			<u></u>	Trust Fund Contribution	
GREENE, WM. BRITTON 8709 HUNTERS GREEN DR. TAMPA FL 33674 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, activately the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, activately 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 deep time of registered agent and statutes. SIGNATURE Signature, typed of paint agent and take of Applicable. WILLIAM C. SPIVEY ### Applicable of Florida Statutes. WILLIAM C. SPIVEY ### Applicable of Florida Statutes. WILLIAM C. SPIVEY ### Applicable of Florida Statutes. SIGNATURE Signature, typed of paint agent and take of applicable. WILLIAM C. SPIVEY ### Applicable of Florida Statutes. ### Appli		3. Name and Address of Current	Registered Agent	R1 Name	10. Name and Address of New Registered	Agent
STREET ADDRESS TAMPA FL 33647 11. Pursuant to the provisions of Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. Thereby accept the appointment as registered office or registered agent, and the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, and facility the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent, and facility the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent and such and	00-00-			1 1 4	UILLIAM C. SPIVEY	
TAMPA FL 33674 83				82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
SUITE State Stat				1921		
11. Pursuant to the provisions of Section 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 SIGNATURE WILLIAM C. SPIVEY SIGNATURE WILLIAM C. SPIVEY WILLIAM C. SPIVE	I AMPA F	L 336/4		Sui	ITE 8	
SIGNATURE Signature, typed of position in the of registered agent and bile if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD KENNEDY, BRIAN KENNEDY, BRIAN STREET ADDRESS 1801 COURTNEY BREER TAMPA FL 33647 IL CITY-ST-ZIP TAMPA FL 33647 TITLE D LE DELETE LE DELETE LE DELETE LE DELETE LE DELETE LE DELETE LE COURTNEY TAMPA FL 33647 TITLE D LE DELETE LE				84 City T	Ampa Fl	
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NAME. GOODMAN, GLENN		†	- -	6.2 NAME G	-CODMAN, GLENN	
STREET ADDRESS 9210 MEADOW LANE CT.	STREET ADDRESS				210 MEADOW LANE CT.	1

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 of an attachment with an address, with all other like empowered. ZELKO

SIGNATURE:

Kirincich

ADDITIONAL DIRECTORS

TITLE ! NAME!

ADDRESS !

CAVANAUGH, SEAN 9204 MEADOW LANE CT.

CITY, ST, ZIP: TAMPA, FL 33647

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