

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004221

1. Entity Name

BROOKFIELD NEIGHBORHOOD ASSOCIATION, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90005 025 ****70.00

| | |
|---|---|
| Principal Place of Business 9456 HIGHLAND OAK DRIVE TAMPA FL 33647 US | Mailing Address 7628 N 56TH STREET SUITE 8 TAMPA FL 33617-7732 US |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|-----|---------|
| 2. Principal Place of Business | 3. Mailing Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|--|--|
| 4. FEI Number 59-3267871 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C
7628 N. 56TH STREET
STE 8
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

| | | | |
|-------------------------------------|--|------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|-------------------------------------|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KIRINCICH, ZELKO 18155 REGENTS SQUARE DR. TAMPA FL 33647 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KUSHA, SIA 18111 REGENTS SQUARE DR. TAMPA FL 33647 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PROEFROCK, K.K. 18113 COURTNEY BREEZE WAY TAMPA FL 33647 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BAUGHMAN, HOWARD 18112 COURTNEY BREEZE WAY TAMPA FL 33647 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MEIER, PAUL 18118 COURTNEY BREEZE WAY TAMPA FL 33647 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOODMAN, GLENN 9210 MEADOW LANE CT. TAMPA FL 33647 <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V/D ROSE BREMPONG 18105 REGENTS SQUARE TAMPA FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D PROEFROCK, K.K. 18113 COURTNEY BREEZE WAY TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D BAUGHMAN, HOWARD 18112 COURTNEY BREEZE WAY TAMPA, FL 33647 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T/D SEAN CAVANAUGH 9204 MEADOW LN CT TAMPA FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SUSAN INFANZON 18107 REGENTS SQUARE TAMPA FL 33647 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *HOWARD BAUGHMAN* **HOWARD BAUGHMAN** 3/31/00 **3/31/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)