


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90040 003 ****70.00


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



Principal Place of Business: **9456 HIGHLAND OAK DRIVE TAMPA FL 33647 US**
 Mailing Address: **16105 N FLORIDA SUITE A LUTZ FL 33549 US**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
 Zip: Country



MOORE CR2E037 (11/03)
 4. FEI Number: **59-3267871**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SPIVEY, WILLIAM C
16105 N FLORIDA SUITE A
LUTZ FL 33549

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD KIRINCICH, ZELKO	<input type="checkbox"/> Delete
STREET ADDRESS	18515 REGENTS SQ	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME	VD SCOTT, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	18111 COURTNEY BREEZE WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME	TD BAUGHMAN, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	18106 COURTNEY BREEZE WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME	SD LENA, NICK	<input type="checkbox"/> Delete
STREET ADDRESS	18153 REGENTS SQ DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME	D SNYDER, WARREN	<input type="checkbox"/> Delete
STREET ADDRESS	18107 COURTNEY BREEZE WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:  **ZELKO KIRINCICH** 3/10/04 813-968-5665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #