

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90049 042 \*\*\*\*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**

10010100



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

03032005 Chg-NP CR2E037 (10/03)

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 **STEVEN MEZER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**220 S. FRANKLIN ST**  
 City **TAMPA** FL Zip Code **33602**

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 **STEVEN H. MEZER** DATE **3/16/05**

Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Thomas H. ADAMS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEAN CAVANAUGH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS-COOPER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16105 N. FLORIDA #A LUTZ FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ZELKO KIRINCICH** DATE **3/24/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR