


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90024 046 ****61.25

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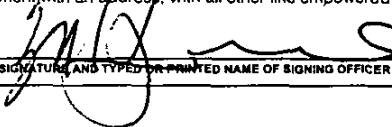


DOCUMENT # N94000004221					
1. Entity Name BROOKFIELD NEIGHBORHOOD ASSOCIATION, INC.					
Principal Place of Business 9456 HIGHLAND OAK DRIVE TAMPA, FL 33647 US			Mailing Address 16105 N FLORIDA SUITE A LUTZ, FL 33549 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent MEZER, STEVEN 220 S. FRANKLIN ST TAMPA, FL 33602				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIRINCICH, ZELKO			NAME			
STREET ADDRESS	16105 N. FLORIDA #A			STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ADAMS, THOMAS			NAME			
STREET ADDRESS	16105 N. FLORIDA #A			STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAVANAUGH, SEAN			NAME			
STREET ADDRESS	16105 N. FLORIDA #A			STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, THOMAS			NAME			
STREET ADDRESS	16105 N. FLORIDA #A			STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNYDER, WARREN			NAME			
STREET ADDRESS	16105 N. FLORIDA #A			STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33549			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **8/28/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #