


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90034 001 \*\*\*\*61.25

**40067300**



<b>DOCUMENT # N94000004221</b>					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
01222008 Chg-NP				CR2E037 (12/06)	
4. FEI Number 59-3267871				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN 220 S. FRANKLIN ST TAMPA, FL 33602			Name Street Address (P.O. Box Number is Not Acceptable) 1801 N. Highland ave 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
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	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	
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: <u><i>Zelko Kirincich</i></u>		KIRINCICH		Date: <u>4/9/08</u> Daytime Phone #: <u>813/973-0689</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					