

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90524 027 ****70.00

UBR02003

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**

11010174



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3267871		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SPIVEY, WILLIAM C 16105 N FLORIDA SUITE A LUTZ FL 33549				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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

FILE NOW: FEE IS \$61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREMONG, ROSE		NAME	ZELKO KIRINCICH	
STREET ADDRESS	18105 REGENTS SQUARE		STREET ADDRESS	18515 REGENTS SQ	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	TAMPA FL 33647	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMERS, STEPHEN		NAME	JOHN SCOTT	
STREET ADDRESS	18121 REGENTS SQ RD		STREET ADDRESS	18111 COURTNEY BREEZE WAY	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	TAMPA FL 33647	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTWAY, JAMES		NAME	HOWARD BAUGHMAN	
STREET ADDRESS	9203 MEADOWS LANE CT		STREET ADDRESS	18106 COURTNEY BREEZE WAY	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	TAMPA FL 33647	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENA, SHARON		NAME	NICK LENA	
STREET ADDRESS	18153 REGENTS SQ DR		STREET ADDRESS	18153 REGENTS SQ	
CITY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	WARREN SNYDER	
STREET ADDRESS			STREET ADDRESS	18107 COURTNEY BREEZE WAY	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA FL 33647	
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 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 empowerments.

SIGNATURE: ZELKO KIRINCICH **ZELKO KIRINCICH** 4/8/03

CR2E037 (10/02)