

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746556

**Entity Name:** BROOKFIELD GARDENS NORTH MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

700 S.E. 2ND AVE  
#415  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

P.O. BOX 8730  
DEERFIELD BEACH, FL 33443 US

**FEI Number:** 59-2019664

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RATLIFF, CARY L  
700 S.E. 2ND AVE.  
#415  
DEERFIELD BEACH, FL 33441 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name SHEEHEN, GRETCHEN  
Address 702 SE 2ND AVE. #408  
City-State-Zip: DEERFIELD BCH FL 33441

Title PD  
Name LOPES, ROSEANA  
Address 700 SE 2ND AVE., #418  
City-State-Zip: DEERFIELD BCH FL 33441

Title SD  
Name SILVA, GILSON  
Address 700 SE 2ND AVE. #412  
City-State-Zip: DEERFIELD BCH FL 33441

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROSEANA LOPES

**PRESIDENT**

**04/05/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date