

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46005

Entity Name: BROOKFIELD AT ESTANCIA HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 11, 2016
Secretary of State
CC8929520063**Current Principal Place of Business:**7300 PARK STREET
SEMINOLE, FL 33777**Current Mailing Address:**7300 PARK STREET
SEMINOLE, FL 33777**FEI Number: 59-3096188****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RABIN & PARKER, P.A.
28163 U.S. HWY 19 N, SUITE 207
CLEARWATER, FL 33761 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	PRESIDENT
Name	WILHELM, DOUG
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	VP
Name	FERRARO, TONY
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	SECRETARY
Name	DAQUANNA, PHYLLIS
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	TREASURER
Name	JOHNSON, STANLEY
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	DIRECTOR
Name	SMITH-GILLESPIE, DAVID
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	DIRECTOR
Name	GORANSON, JIM
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

Title	DIRECTOR
Name	PANTON, TOM
Address	7300 PARK STREET
City-State-Zip:	SEMINOLE FL 33777

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: DOUG WILHELM**PRESIDENT****04/11/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date