## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000004221

Entity Name: BROOKFIELD NEIGHBORHOOD ASSOCIATION, INC.

FILED
Apr 30, 2021
Secretary of State
8535324063CC

## **Current Principal Place of Business:**

18550 NORTH DALE MABRY HIGHWAY

LUTZ, FL 33548

## **Current Mailing Address:**

C/O WISE PROPERTY MANAGEMENT, INC. 18550 NORTH DALE MABRY HIGHWAY LUTZ. FL 33548 US

FEI Number: 59-3267871 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

GLAUSIER, CHARLES EVANS 400 N ASHLEY AVE STE 2020 TAMPA, FL 33602 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:

\_\_\_\_\_

Officer/Director Detail:

Title PRESIDENT Title SECRETARY, TREASURER

Name KIRINCICH, ZELKO Name CAVANAUGH, SEAN

Address 18550 NORTH DALE MABRY Address 18550 NORTH DALE MABRY

HIGHWAY HIGHWAY

City-State-Zip: LUTZ FL 33548 City-State-Zip: LUTZ FL 33548

Title DIRECTOR Title DIRECTOR

Name ANDERSON, DENISE Name SMITH, THOMAS

Address 18550 NORTH DALE MABRY Address 18550 NORTH DALE MABRY

HIGHWAY HIGHWAY

City-State-Zip: LUTZ FL 33548 City-State-Zip: LUTZ FL 33548

Title DIRECTOR

Name LETTIERO, LESLIE

Address 18550 NORTH DALE MABRY

HIGHWAY

City-State-Zip: LUTZ FL 33548

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: ZELKO KIRINCICH

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/30/2021

Date