

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90044 022 \*\*\*\*61.25

<b>DOCUMENT # 728488</b> 1. Entity Name BROOKFIELD GARDENS CONDOMINIUM THREE, INC.			
Principal Place of Business 411 SE 8TH STREET, DEERFIELD BEACH, FL 33441		Mailing Address 411 SE 8TH STREET, DEERFIELD BEACH, FL 33441	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <i>c/o Allied Property Mgmt Group Inc.</i> Suite, Apt. #, etc.	
City & State _____		City & State <i>P.O. Box 221674</i> _____	
Zip _____		Zip <i>West Palm Beach FL 33422</i> _____	
Country _____		Country _____	
4. FEI Number 59-1629682		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LASSUDO, ALEXANDRE 411 SE 8TH ST #229 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Ron Simmons, Property Manager</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>4/14/2008</i> <small>(NOTE: Registered Agent signature required when reappointing)</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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IASSUDO, A 411 SE 8TH ST 228 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALCACE, MARIA 411 SE 8TH STREET #127 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WERTHEIM, F 411 SE 8TH ST #225 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLUTE, ROBERT 411 SE 8TH STREET #226 DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HALL, AGATA 411 SE 8TH ST #126 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OTERO, I 411 SE 8 ST APT 230 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREWS, CLAUDIO 2463 SAWYER TERRACE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERRICK, R 411 SE 8TH ST #230 DEERFIELD BEACH, FL 33441	TITLE NAME STREET ADDRESS 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: <i>Ron Simmons</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <i>4/21/08</i> DAYTIME PHONE # <i>(954) 481-3074</i>	