


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 744596 1. Entity Name BROOKS LANE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1100 S OCEAN BLVD APT 5 DELRAY BEACH, FL 33483	Mailing Address 1100 S OCEAN BLVD APT 4 DELRAY BEACH, FL 33483
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1972670	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KLAUSNER, KATHLEEN 1100 S. OCEAN BLVD. #4 DELRAY BEACH, FL 33483

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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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, DOROTHEA 1100 S OCEAN BLVD #5 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHNEIDER, IRA 1100 S OCEAN BLVD #5 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KLAUSNER, KATHLEEN 1100 S. OCEAN BLVD #4 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FECHER, CON 1100 S. OCEAN BLVD. #1 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/06-80067-011 61.25

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: Kathleen Klausner 1-6-06 561 222 8219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #