

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 748256

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** BROOKFIELD GARDENS NORTH NO. 5 ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8730  
DEERFIELD BEACH, FL 33443

**New Mailing Address:**

**FEI Number:** 59-2019671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAILSBACK, BARBARA  
706 S.E. 2ND AVE. #429  
DEERFIELD BEACH, FL 33441 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAILSBACK, BARBARA  
Address: 706 S.E. 2ND AVE. #429  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: VPD  
Name: CONTI, JAN  
Address: 706 S.E. 2ND AVE. #332  
City-St-Zip: DEERFIELD BCH, FL 33441

Title: STD  
Name: RATLIFF, CARY L  
Address: 700 SE 2 AVE. #415  
City-St-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:** CARY L RATLIFF

SEC

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date