2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90315 027 ****61.25

	1. Entity Nam	MENT # 765257 BROOK III MAINTENANCE	CORPORATION, I	NC.			04-13-2006	5 90315 02	27 ****6	1.25	
P.O. BOX 14121 P.O			Mailing Address P.O. BOX 14121 GAINESVILLE, FL 326				47826				
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc. City & State		#, etc.	Suite, Apt. #, etc. City & State			01312006 C	01312006 Chg-NP CR2E037 (11/05)				
		le				4. FEI Number 59-23665	4. FEI Number Applied F				
	Zip	Country	Zip	Cour	ntry	5. Certificate of S			8.75 Add		
ļ		6. Name and Address of Current R	egistered Agent			7. Name and Add	ress of New				
MEDINA, RICK								_			
	•	91 ST TERRACE 9116 SW	SIST ROAD			ss (P.O. Box Number is	Not Acceptab	le)			
	GAINESVI	ILLE, FL 32608	10.24								
		, s			City	 .		FL	Zip Cod		
	8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing it	s registere	d office or regis	stered agent, or both, in	the State of F	lorida. I am fa	amiliar with,	and accept	
	Sanganas a caganta da agant										
	SIGNATURE	Signature, broad or printed name of registered agent an	id title if applicable (NO	ITE: Decembrand	Agent signatura rea-	ired when consists at	<u>.</u>	DATE			
	SIGNATURE	Signature, typed or printed name of registered agent ar	id title if applicable. (NO	ITE: Registered	Agent signature requ	sired when reinstating)		DATE			
		Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2006	9. Election Ca Trust Fund	ampaign Fir	nancing	\$5.00 May Be Added to Fees	I	DATE Make check rida Depart			
	10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Ca Trust Fund	ampaign Fir	nancing	\$5.00 May Be	Flo	Make check rida Depart	ment of Si	tate	
	10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE VID MARCONI, MICHAEL	9. Election Ca Trust Fund ECTORS	ampaign Fir Contributio	nancing on.	\$5.00 May Be Added to Fees	Flo	Make check rida Depart ERS AND DIR	ment of Si	tate	
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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Gutte Swasa	3 15 06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #