2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N00000001567

BROOKFIELD CONDOMINIUM ASSOCIATION, INC.



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STERLING MANAGEMENT INC ST 1701 - B RICKEN BACKER DRIVE 17			STERI 1701	tailing Address Sterling Management Inc 1701 - B Ricken Backer Drive Sun City Center, FL 33573 US								
Principal Place of Business 3. Ma				Aailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			02022006	Chg-NP	CR2E0	37 (11/05)		
City & State			City	City & State				4. FEI Number 59-3635919			⊢	plied For at Applicable
Zip	Zip Country Z			p Country				5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registere	d Agent	···	i .		7. Name and	Address of New	Registered	Agent	
DE FURIO 201 E KEN TAMPA, FI), JAMES F			-		Name Street A	ddress (er is Not Acceptab	_		
7AMI A, TE 33002				City			·····			FI	Zip Cod	0
	tions of regist	r submits this statement for ered agent. or printed hame of registered agent.						red agent, or both	h, in the State of F	Florida. I am	n familiar with,	and accept
Filing Fee is \$61,25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.		OFFICERS AND DIF	RECTORS		11.			ADDITIONS/CH	ANGES TO OFFIC	ER\$ AND D	IRECTORS IN	I 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		E E ET ADORESS -ST-ZIP	ypd Broz 232! Sun	zovich, Jo 5 Brookfi City Cev	ohn eld Greens Iter, FL 3	Civ. 3573	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ER, ALAN OKFIELD GREEN CIR CENTER, FL 33573	CLE	Delete			Schr 224	eiber (1 1 Brookfi	lan eld Green Iter, FL 3	s Cir.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		GWEN OKFIELD GREENS DF CENTER, FL 33573	R	Delete			D Bolt 2234	Jerry Brookfie	eld Greens iter. Fl. 3	Cìr.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2325 BRC	CH, JOHN OKFIELD GREENS DI CENTER, FL 33573	R	Delete		E	D Mei 2310	sel, Bern Brookfi	•	s CÌY.	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ROBERT OKFIELD GREENS DI CENTER, FL 33573	R.	Delete	. Ii						☐ Change	☐ Addition
TITLE NAME				☐ Delete	TITL						Change	Addition

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

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CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

913-633-8383

Daytime Phone #

FILED

May 01, 2006 8:00 am Secretary of State

05-01-2006 90320 009 ****61.25