


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90080 006 \*\*\*\*61.25

<b>DOCUMENT # N00000001567</b>		
1. Entity Name BROOKFIELD CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business STERLING MANAGEMENT INC 1701 - B RICKEN BACKER DRIVE SUN CITY CENTER, FL 33573 US	Mailing Address STERLING MANAGEMENT INC 1701 - B RICKEN BACKER DRIVE SUN CITY CENTER, FL 33573 US
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2. Principal Place of Business - No P.O. Box #  Sterling Management 1904 Clubhouse Drive Sun City Center, FL 33573	3. Mailing Address  Apt. #, etc.  State  Country
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6. Name and Address of Current Registered Agent  DE FURIO, JAMES R 201 E KENNEDY BLVD STE 1460 TAMPA, FL 33602	
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40088450



01182008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3635919	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent  Name <i>Law Office of James R DeFurio PA</i> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 reinstating) DATE \_\_\_\_\_

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREEN, DAVE 2311 BROOKFIELD GREENS CIRCLE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bolt, Jerry 2334 Brookfield Greens Circle Sun City Center FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOLT, JERRY 2234 BROOKFIELD GREEN DRIVE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Meisel, Bernie 2310 Brookfield Greens Circle Sun City Center FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHREIBER, ALAN 2244 BROOKFIELD GREENS CIR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bevan, Rita 2225 Brookfield Greens Circle Sun City Center FL 33573 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROZOVICH, JOHN 2325 BROOKFIELD GREEN CIRCLE SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Brozovich, John 2325 Brookfield Greens Circle Sun City Center FL 33573 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEISEL, BERNIE 2310 BROOKFIELD GREENS CIR SUN CITY CENTER, FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Morris, Richard 2231 Brookfield Greens Circle Sun City Center FL 33573 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *John Brozovich* Treasurer 4-11-2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #