

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000005666

1. Entity Name

BROOKSIDE RESIDENTS ASSOCIATION, INC.



Principal Place of Business

1265 S MYRTLE AVE
CLEARWATER FL 33756

Mailing Address

SUE ELLIS
2041 LARCHMONT WAY
CLEARWATER FL 33764

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3703485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

~~RIVES, HOWARD P. II, PA~~
1265 S MYRTLE AVE
CLEARWATER FL 33756

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 DIRECTORS

TITLE: VD ☐ Delete
NAME: BOSSITT, TOM
STREET ADDRESS: 2273 WILLOW BROCK
CITY-STATE-ZIP: CLEARWATER FL 33764

TITLE: PD ☐ Delete
NAME: ARNOLD, BOB
STREET ADDRESS: 2240 RIVERSIDE DR. N.
CITY-STATE-ZIP: CLEARWATER FL 33764

TITLE: SD ☐ Delete
NAME: HARRIS, ERNIE
STREET ADDRESS: 2279 WILLOWBROOK DR.
CITY-STATE-ZIP: CLEARWATER FL 33764

TITLE: TD ☐ Delete
NAME: ELLIS, SUE
STREET ADDRESS: 2041 LARCHMONT WAY
CITY-STATE-ZIP: CLEARWATER FL 33764

TITLE: CSD ☐ Delete
NAME: REED, KAREN
STREET ADDRESS: 2051 KINGSTON CT.
CITY-STATE-ZIP: CLEARWATER FL 33764

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: **U00000594867**
STREET ADDRESS: **01/23/07-80015-022 61.25**
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Sue Ellis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07

Date

727 535-5382

Daytime Phone #