

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005666

FILED
Feb 03, 2009
Secretary of State

Entity Name: BROOKSIDE RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

1265 S MYRTLE AVE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

SUE ELLIS
2041 LARCHMONT WAY
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 59-3703485 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVES, HOWARD P II PA
1265 S MYRTLE AVE
CLEARWATER, FL 33756 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: VD () Delete
Name: BOSSITT, TOM
Address: 2273 WILLOW BROCK
City-St-Zip: CLEARWATER, FL 33764

Title: PD () Delete
Name: ARNOLD, BOB
Address: 2240 RIVERSIDE DR. N.
City-St-Zip: CLEARWATER, FL 33764

Title: SD () Delete
Name: HARRIS, ERNIE
Address: 2279 WILLOWBROOK DR.
City-St-Zip: CLEARWATER, FL 33764

Title: TD () Delete
Name: ELLIS, SUE
Address: 2041 LARCHMONT WAY
City-St-Zip: CLEARWATER, FL 33764

Title: CSD () Delete
Name: REED, KAREN
Address: 2051 KINGSTON CT.
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GLICKMAN, PETER
Address: 2251 WILLOWBROOK DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: VP (X) Change () Addition
Name: RIVER, HOWARD
Address: 2276 RIVERSIDE DR. N.
City-St-Zip: CLEARWATER, FL 33764

Title: SEC (X) Change () Addition
Name: ARNTZEN, GIGI
Address: 2045 ASHBURY
City-St-Zip: CLEARWATER, FL 33764

Title: TREA (X) Change () Addition
Name: ELLIS, SUE
Address: 2041 LARCHMONT WAY
City-St-Zip: CLEARWATER, FL 33764

Title: ACTI (X) Change () Addition
Name: GLICKMAN, MARLENE
Address: 2251 WILLOWBROOK DRIVE
City-St-Zip: CLEARWATER, FL 33764

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PETER GLICKMAN

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date