


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90033 012 ****70.00

DOCUMENT # N01314 1. Entity Name BROOK TO BAY RESIDENTS ' COOPERATIVE, INC.					
Principal Place of Business 1891 ENGLEWOOD RD #95 OFFICE ENGLEWOOD, FL 34223 US			Mailing Address 1891 ENGLEWOOD RD #95 OFFICE ENGLEWOOD, FL 34223 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2479097			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DOMBER, HARLAN R 3900 CLARK RD. STE. L-1 SARASOTA, FL 34233			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	
	D ROSA, SUSAN	1891 ENGLEWOOD RD., LOT 12	ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/>	
	S WISEMAN, RON	1891 ENGLEWOOD RD LOT 6	ENGLEWOOD, FL 34223	<input type="checkbox"/>	
	T GALE, JACK	1891 ENGLEWOOD RD #68	ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/>	
	VP GOODFELLOW, GINGER	1891 ENGLEWOOD RD LOT 145	ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/>	
	D LAMB, BILL	1891 ENGLEWOOD RD LOT #70	ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/>	
	D VANDEWATER, NEIL	1891 ENGLEWOOD RD LOT 40	ENGLEWOOD, FL 34223	<input type="checkbox"/>	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	P DON BASTIK	1891 Englewood Rd #110	Englewood FL 34223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	V.P. PAUL ELLIS	1891 Englewood #21	Englewood FL 34223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D DAVID MASIN	1891 Englewood Rd #88	Englewood, FL 34223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	DAVID MASIN	1891 Englewood Rd	Englewood FL 34223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	T LAMB, BILL	1891 Englewood Rd #70	Englewood FL 34223	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D JIM O'DONNELL	1891 Englewood Rd #19	Englewood FL 34223	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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: <u>Donald S. Bastik</u> PRESIDENT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				03/30/2007 941.475.4892 <small>Date Daytime Phone #</small>	

DONALD S. BASTIK

Director

ATTACHMENT

Smith, Raymond
1891 Englewood Rd # 66
Englewood FL, 34223

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