

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004937

1. Entity Name
**BROOKSIDE BLUFF SUBDIVISION PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**2603 BROOKSIDE BLUFF LOOP
LAKELAND, FL 33813**

Mailing Address
**2603 BROOKSIDE BLUFF LOOP
LAKELAND, FL 33813**



01312008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0855206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRANT, JOHANTHAN
2603 BROOKSIDE BLUFF LOOP
LAKELAND, FL 33813**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GRANT, JONATHAN H
STREET ADDRESS	2603 BROOKSIDE BLUFF LOOP
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	VSD
NAME	ABRADO, THOMAS
STREET ADDRESS	2688 BROOKSIDE BLUFF LOOP
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	TD
NAME	ABRADO, BONNIE
STREET ADDRESS	2688 BROOKSIDE BLUFF LOOP
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000515472
04/29/06-80214-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Bonnie R. Abrado **Bonnie R. Abrado** 4/11/06 863-648-2335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Receiver Date Daytime Phone #