

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90071 013 ****61.25

DOCUMENT # N05000002058					
1. Entity Name THE RESIDENTS' COUNCIL OF BROOKSIDE VILLAGE, INC.					
Principal Place of Business 201 GROVE STREET N VENICE, FL 34285			Mailing Address 201 GROVE STREET N VENICE, FL 34285		
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 20-4073747	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANADA CARTER 202 GROVE STREET N VENICE, FL 34285			7. Name and Address of New Registered Agent Name <u>Agnes Carrasco</u> Street Address (P.O. Box Number is Not Acceptable) <u>268 Grove St N</u> City <u>Venice</u> <u>FL</u> Zip Code <u>34285</u>		
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 <u>[Signature]</u> 4/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME CANADA CARTER STREET ADDRESS 202 GROVE ST. N CITY - ST - ZIP VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE SIT NAME Jennifer Blackorby STREET ADDRESS 266 Grove St N CITY - ST - ZIP Venice FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME SMITH, DWAYNE STREET ADDRESS 265 GROVE ST. CITY - ST - ZIP VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE VP NAME Charles Reed STREET ADDRESS 259 Grove St N CITY - ST - ZIP Venice FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME CARRASCO, AGNES STREET ADDRESS 268 GROVE ST. N CITY - ST - ZIP VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE P NAME Agnes Carrasco STREET ADDRESS 268 Grove St N CITY - ST - ZIP Venice FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME LAGO, MARITZA STREET ADDRESS 230 GROVE ST N CITY - ST - ZIP VENICE, FL 34285	<input checked="" type="checkbox"/> Delete		TITLE D NAME Lillian Fuentes STREET ADDRESS 245 Grove St N CITY - ST - ZIP Venice FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME DIXON, MARY STREET ADDRESS 263 GROVE ST N CITY - ST - ZIP VENICE, FL 34285	<input type="checkbox"/> Delete		TITLE D NAME Fredette Mitchell STREET ADDRESS 240 Grove St N CITY - ST - ZIP Venice FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME REED, CHARLES STREET ADDRESS 259 GROVE ST N CITY - ST - ZIP VENICE, FL 34285	<input checked="" 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: <u>[Signature]</u>			4/16/07 (941)483-1969		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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