2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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DOCUMENT # N0500002058 1. Entity Name THE RESIDENTS' COUNCIL OF BROOKSIDE VILLAGE, INC.					05-07-2007 9	0071 013 ****6	
Principal Plac 201 GROVE : VENICE, FL	STREET N	Mailing Address 201 GROVE STREET N VENICE, FL 34285		401	[07438		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	04162007	Chg-NP	CR2E037 (12/06)	
City & Stat	e	City & State		4. FEI Number 20-40737	47		pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of	Status Desired	□ \$8.75 Add Fee Require	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Ad	dress of New Rec	istered Agent	
CANADA, CARTER Agnes Carrasco 202 GROVE STREETIN 268 Grove St N VENICE, FL 34285 Venice F1. 34285			7. Name and Address of New Registered Agent Name Agnes Carrasco				
			Street Add	dress (P.O. Box Number is	Not Acceptable)		
	Venica	2 +1. 340 63	City	8 Grove	st	W To Cod	
9 The share				ince		FL 33	\$ 85
	named entity submits this statement for tions of registered agent.	ir the purpose or changing its re	egisterea onice or re	egistered agent, or both, i	n the State of Florid	da. I am tamiliar with,	ало ассерт
	ifa- V.	V2			14/16	107	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature	required when reinstating)	7/12	DATE	
SIGNATURE	Signature, types of printed name of orgistered agent Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	aign Financing	\$5.00 May Be	D)	DATE te check payable ta Department of S	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Col	aign Financing ntribution.	\$5.00 May Be Added to Fees	Florid	a Department of S	tate
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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 AND TO ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR