
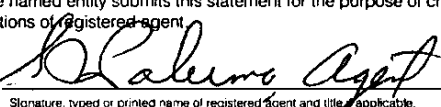
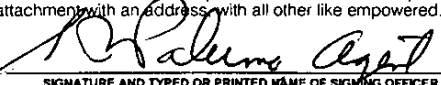


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90098 008 ****61.25

DOCUMENT # N15643 1. Entity Name GOLF BROOK NO. 2 HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O A & G MANAGEMENT 11360 FORTUNE CIRCLE, SUITE E-6A WELLINGTON, FL 33414 US			Mailing Address C/O A & G MANAGEMENT 11924 FOREST HILL BLVD, #22-221 WELLINGTON, FL 33414 US		
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 59-2705666	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent A & G MANAGEMENT SERVICES 11924 FOREST HILL BLVD STE 22-221 WELLINGTON, FL 33414				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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title, if applicable.</small> </div> <div style="width: 30%;"> George Palermo <small>(NOTE: Registered agent signature required when reinstating)</small> </div> <div style="width: 20%;"> 4/18/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, ALLAN		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD # 22-221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AZOULAY, BERNARD		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD # 22-221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SILVERA, RALPH		NAME	DVP Ralph Silvera	
STREET ADDRESS	11924 FOREST HILL BLVD # 22-221		STREET ADDRESS	11924 Forest Hill Blvd #22-221	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	Wellington, FL 33414	
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUFMAN, KENNETH		NAME		
STREET ADDRESS	11924 FOREST HILL BLVD # 22-221		STREET ADDRESS		
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASSETT, MICHAEL		NAME	DST Michael Bassett	
STREET ADDRESS	11924 FOREST HILL BLVD # 22-221		STREET ADDRESS	11924 Forest Hill Blvd #22-221	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Catherine Crane Trentalancia	
STREET ADDRESS			STREET ADDRESS	11924 Forest Hill Blvd #22-221	
CITY-ST-ZIP			CITY-ST-ZIP	Wellington, FL 33414	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			George Palermo <small>Date</small>		
			4/18/08 <small>Daytime Phone #</small>		
			561-795-3182		