## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21560

FILED Apr 29, 2005 Secretary of State

Entity Name: BROOK HAVEN OF BOCA RATON PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 5680 SANTIAGO CIRCLE BOCA RATON, FL 33433 **Current Mailing Address: New Mailing Address:** 10034 W MCNAB RD TAMARAC, FL 33321 FEI Number: 65-0040417 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CONSOLIDATED COMMUNITY MANAGEMENT, INC. 10034 WEST MCNAB ROAD TAMARAC, FL 33321 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROSS, JIMI Name: Name: 10034 W MCNAB RD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: Title: VD () Delete Title: (X) Change ( ) Addition COVENEY, ROBERT Name: IOANA, GRIGORE Name: Address: 10034 W MCNAB RD Address: 10034 W MCNAB RD City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: STD () Delete Title: (X) Change ( ) Addition FERRARO, TONY FERRARO, TONY Name: Name: Address: 10034 W MCNAB RD Address: 10034 W MCNAB RD City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: TD Title: (X) Change ( ) Addition ( ) Delete Name: BENNETT-PIERCE, DAYNA Name: BENNETT-PIERCE, DAYNA 10034 W MCNAB RD 10034 W MCNAB RD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321 Title: () Delete Title: (X) Change ( ) Addition CLAING, CHAD PIERCE, DAYNA Name: Name: 10034 W MCNAB RD 10034 W MCNAB RD Address: Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: TAMARAC, FL 33321

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIMI ROSS PD 04/29/2005