

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 27, 2009
Secretary of State**

DOCUMENT# N26231

Entity Name: BROOKSHIRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:1910 W. SLIGH AVENUE
TAMPA, FL 33604**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 272670
TAMPA, FL 33688**New Mailing Address:**

FEI Number: 59-2592964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CASEY, JOSEPH
1910 W. SLIGH AVENUE
E-108
TAMPA, FL 33604 US**Name and Address of New Registered Agent:**LENZI, WILLIAM E MR
1910 W. SLIGH AVENUE
D103
TAMPA, FL 33604 US

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: WILLIAM E LENZI

08/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: CASEY, JOSEPH
Address: 1910 W. SLIGH AVENUE, E-108
City-St-Zip: TAMPA, FL 33604Title: VD () Delete
Name: DIHELLA, ALFRED JR.
Address: 5120 INTERBAY BLVD., #6
City-St-Zip: TAMPA, FL 33611Title: SD () Delete
Name: JASEN, KATHRYN
Address: 6281 KIMBALL CT.
City-St-Zip: SPRINGHILL, FL 34606**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: LENZI, WILLIAM E
Address: 1910 W. SLIGH AVENUE, D103
City-St-Zip: TAMPA, FL 33604Title: VD (X) Change () Addition
Name: DIBELLA, ALFRED JR.
Address: 5120 INTERBAY BLVD., #6
City-St-Zip: TAMPA, FL 33611Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WILLIAM E LENZI

PD

08/27/2009

Electronic Signature of Signing Officer or Director

Date