

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90081 043 ****61.25

DOCUMENT # N36176

1. Entity Name
THE BROOKSIDE ISLE ASSOCIATION, INC.



Principal Place of Business
**C/O ALLIANCE PROPERTY SYSTEMS
7101 W COMMERCIAL BLVD 4-A
FT LAUDERDALE, FL 33319 US**

Mailing Address
**P.O. BOX 26478
TAMARAC, FL 33320-6478 US**

94053058



**8360 W OAKLAND PARK BLVD
SUITE 301
SUNRISE FL 33351**

**c/o ALLIANCE PROPERTY SYSTEMS
PO BOX 452199
FORT LAUDERDALE FL 33345-2199**

01312004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0179156

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAKALAR, BROUGH & CHADROW
150 S. PINE ISLAND ROAD
#540
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, HOWARD 4856 NW 103 WY CORAL SPRINGS, FL 33076	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BLUMENTHAL, GARY 4872 NW 103 DR CORAL SPRINGS, FL 33076	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, EMILY 10210 NW 48 MANOR CORAL SPRINGS, FL 33076	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D D	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P RODICK, RICHARD 10250 NW 48 Ct CORAL SPRINGS, FL 33076	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S PETRILLO, RICHARD 10305 NW 48 CT CORAL SPRINGS, FL 33076	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLANTE, MICHAEL 10229 NW 48 CT CORAL SPRINGS, FL 33076	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

Daytime Phone #