2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # N36176**

05-02-2006 90233 009 ****61.25 1. Entity Name THE BROOKSIDE ISLE ASSOCIATION, INC. 60033947 Principal Place of Business Mailing Address **%ALLIANCE PROPERTY SYSTEMS** 8360 W OAKLAND PARK BLVD PO BOX 452199 SUITE 301 SUNRISE, FL 33351 FORT LAUDERDALE, FL 33345-2199 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03212006 Chg-NP CR2E037 (11/05) City & State City & State Applied For 4. FEI Number 65-0179156 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BAKALAR, BROUGH & CHADROW** Street Address (P.O. Box Number is Not Acceptable) 150 S. PINE ISLAND ROAD #540 PLANTATION, FL 33324 City Zip Code FL 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) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE ☐ Delete ☐ Change HRYNKO, JENNIFER NAME NAME STREET ADDRESS STREET ADDRESS 10270 NW 48 COURT CORAL SPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change BLUMENTHAL, GARY NAME 4872 NW 103 DR STREET ADDRESS STREET ADDRESS CORAL SPRINGS, FL 33076 CITY-ST-ZIP CITY-ST-ZIP

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 analysecurate 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 trusted 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.

CITY-ST-7IP

NAME STREET ADDRESS

NAME

TITLE

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CITY-ST-ZIP

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SIGNATURE:

NAME

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STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

PETRILLO, RICHARD

CORAL SPRINGS, FL 33076

CORAL SPRINGS, FL 33076

CORAL SPRINGS, FL 33076

10305 NW 48 CT

PLANTE, MICHAEL

10229 NW 48 CT

SMITH, MARK

4811 NW 103 DR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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☐ Delete

FILED

May 02, 2006 8:00 am Secretary of State

Daytime Phone #

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