



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90036 041 \*\*\*\*61.25

<b>DOCUMENT # N36176</b> 1. Entity Name <b>THE BROOKSIDE ISLE ASSOCIATION, INC.</b>					
Principal Place of Business <b>8360 W OAKLAND PARK BLVD SUITE 301 SUNRISE, FL 33351 US</b>			Mailing Address <b>%ALLIANCE PROPERTY SYSTEMS PO BOX 452199 FORT LAUDERDALE, FL 33345-2199 US</b>		
2. Principal Place of Business - No P.O. Box # <b>6624 NW 48 Manor</b>		3. Mailing Address <b>410 MID-CITY CORP</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>PO Box 934069</b>			
City & State <b>Coral Springs FL</b>		City & State <b>Margate, FL</b>		4. FEI Number <b>65-0179156</b>	
Zip <b>33067</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33093</b>		Country <b>USA</b>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> <b>BAKALAR &amp; EICHNER PA 150 S. PINE ISLAND ROAD #540 PLANTATION, FL 33324</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BREMNER, CATHERINE <input checked="" type="checkbox"/> Delete 10206 NW 48 MANOR CORAL SPRINGS, FL 33076			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCAVONE, JOHN <input type="checkbox"/> Delete 10336 NW 48 CT CORAL SPRINGS, FL 33076			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELEZ, MARIE C <input checked="" type="checkbox"/> Delete 4802 NW 102 AVE CORAL SPRINGS, FL 33076			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SLOANE, PAUL <input type="checkbox"/> Delete 3838 NW 103 DR CORAL SPRINGS, FL 33076			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PLANTE, MICHAEL <input type="checkbox"/> Delete 10229 NW 48 CT CORAL SPRINGS, FL 33076			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> 				<b>4/2/08 954 658 0160</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					