

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40126

FILED
Mar 25, 2008
Secretary of State

Entity Name: BROOKSIDE BLUFF CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7750 GOLF BOULEVARD
ZOLFO SPRINGS, FL 33890 US

New Principal Place of Business:

Current Mailing Address:

7750 GOLF BOULEVARD
ZOLFO SPRINGS, FL 33890 US

New Mailing Address:

FEI Number: 65-0375432 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMIT, PAUL
7751 BROOK BLVD
ZOLFO SPRINGS, FL 33890 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: SHMELTZ, MARY
Address: 7715 BLUFF BLVD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: P () Delete
Name: SUMMIT, PAUL
Address: 7751 BROOK BLVD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: T () Delete
Name: PATRNOS, JACK
Address: 7715 GULF BLVD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: S () Delete
Name: LEAFGREEN, ANIDA
Address: 7790 GOLF BLVD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: V () Delete
Name: SHIELD, JIM
Address: 1717 BROOK BLVD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D () Delete
Name: WITHERS, JIM
Address: 7750 CENTER ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: BOWES, MALCOLM L
Address: 7711 BROOKSIDE WAY
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: S (X) Change () Addition
Name: KOEPFER, BARBARA
Address: 7735 CENTER ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () 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: MALCOLM L BOWES

TREA

03/25/2008

Electronic Signature of Signing Officer or Director

Date