
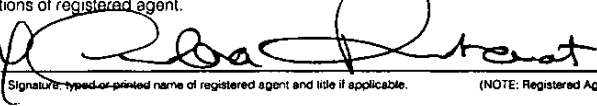



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90001 042 ****61.25

DOCUMENT # N46005 1. Entity Name BROOKFIELD AT ESTANCIA HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 3010 PEPPERWOOD LANE WEST CLEARWATER, FL 33761 US		Mailing Address 2430 ESTANCIA BLVD STE 114 CLEARWATER, FL 33761 US	
2. Principal Place of Business 28100 US Hwy 19 N Suite, Apt. #, etc. 305		3. Mailing Address 28100 US Hwy 19 N Suite, Apt. #, etc. 305	
City & State CLEARWATER FL		City & State CLEARWATER, FL	
Zip 33761		Zip 33761	
Country ---		Country ---	
4. FEI Number 59-3096188		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA CENTRAL MANAGEMENT, INC. 2430 ESTANCIA BLVD., SUITE 114 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name Resource Property Management Inc Street Address (P.O. Box Number is Not Acceptable) 28100 US Hwy 19 N, Ste. 305 City CLEARWATER State FL Zip Code 33761	
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  6/13/05 <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REID, DOUG 2585 NORTHFIELD LANE CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REID, Douglas 2585 Northfield Lane CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, BOB 3081 BROOKFIELD LANE CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rallo, Vince 2529 Estancia Blvd CLEARWATER, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROVER, PATRICIA 3018 PEPPERWOOD LANE CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATIS HOWARD, Bill 3047 Brookfield Lane CLEARWATER, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLARK, MORRIS 2590 PINE COVE LANE CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arnold, Bob 3092 Pepperwood Ln. CLEARWATER, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HIRSCHAUER, JACK 2558 WESTBROOK LANE CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARK, MORRIS 2590 Pine Cove Lane CLEARWATER, FL 33761 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALSTATTER, FERNANDO 2571 ESTANCIA BLVD CLEARWATER, FL 33761 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barrett, Curtis 3033 Brookfield Lane CLEARWATER, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  Douglas G. Reid 6/27/05 727-726-4745 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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06102005 Chg-NP CR2E037 (10/03)