

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90019 015 ****61.25

DOCUMENT # N94000004891

1. Entity Name

BROADMOOR HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4400 NW 36TH AVENUE
GAINESVILLE FL 32606
US**

Mailing Address

**4400 NW 36TH AVENUE
GAINESVILLE FL 32606
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3318602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANAGEMENT SPECIALISTS
4400 NW 36TH AVENUE
ATTN: PAT TRIPPE
GAINESVILLE FL 32606**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	VP	<input checked="" type="checkbox"/> Delete
NAME	NELSON, DAVID	
STREET ADDRESS	1118 NW 106 ST.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CONTI, KEVIN	
STREET ADDRESS	1319 NW 101 DR.	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOYD, AUSTIN	
STREET ADDRESS	10523 NW 14 LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOOD, ERWIN	
STREET ADDRESS	1124 NW 98 TERR	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSS, NICK	
STREET ADDRESS	10315 NW 13 LANE	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, JOSEPH	
STREET ADDRESS	1403 NW 98 TERR.	
CITY-ST-ZIP	GAINESVILLE FL 32606	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee, Jeff	
STREET ADDRESS	10634 NW 9th Rd	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smythe, Pat	
STREET ADDRESS	1033 NW 106th St	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAacke, Eric	
STREET ADDRESS	10233 NW 13th Lane	
CITY-ST-ZIP	Gainesville, FL 32606	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wood, Erwin	
STREET ADDRESS	1124 NW 98th Terr	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kennedy, Joseph	
STREET ADDRESS	1403 NW 98th Terr	
CITY-ST-ZIP	Gainesville FL 32606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

[Signature]

3/14/06

352-359-6974