

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004891

FILED
Mar 21, 2012
Secretary of State

Entity Name: BROADMOOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 59-3318602 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MGMNT SPEC SVCS
5208 SW 91ST DRIVE
SUITE D
GAINESVILLE, FL 32608 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: T
Name: CRUZ, PEDRO
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: P
Name: SMYTHE, PAT
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: S
Name: AGUILAR, SANDRA
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: VP
Name: REYNOLDS, ROGER
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: SIOREK, ALLEN
Address: 5208 SW 91ST DRIVE, SUITE D
City-St-Zip: GAINESVILLE, FL 32608

Title: T
Name: KROPP, AARON
Address: 5208 SW 91ST DRIVE SUITE D
City-St-Zip: GAINESVILLE, FL 32608

I hereby 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 all other like empowered.

SIGNATURE: MGMNT SPEC SVCS

A

03/21/2012

Electronic Signature of Signing Officer or Director

_____ Date