

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90777 048 \*\*\*\*61.25

0010565

**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

4. FEI Number **59-3318602**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FOUST, MIKE</b>	
STREET ADDRESS	<b>1410 NW 100TH TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, DAVID</b>	
STREET ADDRESS	<b>1118 NW 106TH STREET</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>LASTINGER, ARNOLD</b>	
STREET ADDRESS	<b>1443 NW 78TH TERR</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ELLER, BARBARA</b>	
STREET ADDRESS	<b>10213 NW 13 LANE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GIAMBRONE, RICHARD</b>	
STREET ADDRESS	<b>1439 NW 98TH TERRACE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARAND, RICHARD</b>	
STREET ADDRESS	<b>10555 NW 13TH AVE</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32606</b>	

TITLE	<b>PO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lastinger, Arnold</b>	
STREET ADDRESS	<b>1443 NW 78 Terr</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSS, NICK</b>	
STREET ADDRESS	<b>10315 NW 13 Ln</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Garand, Richard</b>	
STREET ADDRESS	<b>10555 NW 13 AVE</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cannon, Steve</b>	
STREET ADDRESS	<b>10418 NW 13 AVE</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tomlinson, Reggy</b>	
STREET ADDRESS	<b>10233 NW 13 Ln</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Kennedy, Joseph</b>	
STREET ADDRESS	<b>1403 NW 98 Terrace</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32606</b>	

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: \_\_\_\_\_

**SIGNATURE REQUIRED**

CR2E037 (10/02)