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

FILED
May 12, 2002 8:00 am
Secretary of State
04-03-2002 90501 019 ****61.25

DOCUMENT # N95000004240 ✓

1. Entity Name

BROOKSIDE COVE HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

27579

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Tamarac, Florida	7932 Wiles Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, Florida	City & State: Coral Springs, FL
Zip: 33321 Country: USA	Zip: 33067 Country: USA

4. FEI Number: 65-0608889 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: OLUSOJI, OLUKOLU

Street Address (P.O. Box Number is Not Acceptable): 6685 N.W. 69TH CT

City: TAMARAC FL Zip Code: 33321

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS: $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director-Treas Allen, Marcia 6866 NW 69 Ct Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director-Pres Olukolu, Soji 6685 NW 69 Ct Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director-VP Grabowski, John 6859 NW 69 Ct Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director- Lominchar, Guillermo 6968 NW 69 Ct Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director-Sec Torres, Yolanda 6967 NW 69 Ct Tamarac, FL 33321
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director- Simeon, Andrew 6736 NW 69 Ct Tamarac, FL 33321

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/22/02 954-344-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #