2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90049 037 ****61.25

DOCUMENT # N95000004246

1. Entity Name
BROOKSIDE COVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
7932 WILES RD
TAMARAC, FL 33067

Mailing Address
7932 WILES RD
TAMARAC, FL 33067 US

01292004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0608889 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

OLUKOLU, OLUSOJI
6685 NW 69 CT
TAMARAC, FL 33321

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

Filing Fee is $61.25
Due by May 1, 2004

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 PD NAME ✓ OLUKOLU, SOJI STREET ADDRESS 6685 NW 69 CT CITY-ST-ZIP TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE DS NAME ✓ MALDANADO, ANNETTE STREET ADDRESS 6840 NW 69 CT CITY-ST-ZIP TAMARAC, FL 33321	☐ Delete	TITLE Director NAME Williams, Roke STREET ADDRESS 6756 N.W. 69 Ct. CITY-ST-ZIP Tamarac, FL 33321	☐ Change ☑ Addition
TITLE TD NAME ✓ ALLEN, MARCIA STREET ADDRESS 6866 NW 69 CT CITY-ST-ZIP TAMARAC, FL 33321	☑ Delete	TITLE VICE PRESIDENT-DIR NAME Allen, Marcia STREET ADDRESS 6866 NW 69 Ct CITY-ST-ZIP Tamarac FL 33321	☑ Change ☐ Addition
TITLE D NAME DODGE, GERALDINE STREET ADDRESS 6879 NW 69 CT CITY-ST-ZIP TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME FISHER, PETA-GAYE STREET ADDRESS 6890 NW 69 CT CITY-ST-ZIP TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Marcia Allen MARCIA ALLEN 2/2/04 954-344-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #