2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000004246					FILED			
BROOKSIDE COVE HOMEOWNERS' ASSOCIATION, INC				08 F	EB 21 AM 7	: 50		
7932 WILES RD 79		Mailing Address 7932 WILES RD TAMARAC, FL 33067 U	7932 WILES RD		SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Property Mant Pairtners Property Man 2. Principal Pylice of Blusiness - No P. a. Box # 3. Mailing Address 3 7300 W. MCNA B Rd. 7300 W MCNA			Partner ORd.			11 B1814 II 811 G1818 B11		
Suite, Apt.	#, etc. 220	Suite, Apt. #, etc.	Suite 220		REINSTATEMENTO			
Tamarac, FL		Tamarac, FL	Tamarad, FL		4. FEI Number 65-0608889		Applied For Not Applicable	
33321	Country	33321	Country U.S.	5. Certificate of Sta		\$8.75 Add Fee Required		
6685 NW 6	6. Name and Address of Current F OLUSOJI 69 CT C, FL 33321	kegistered Agent	7. Name and Address of New Registered Agent Name Property Management Partners Street Address (P.O. 8ox Number is Not Alceptable)					
		7300 W. MCNah Rd., #220 °™Tamarac FL 3°3°3°21						
8. The above named entity submits this statement of 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 speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$122.50 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Make check payable to Florida Department of State								
10.	OFFICERS AND DIR	ECTORS Delete	11.	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10 Addition	
NAME STREET ADDRESS CITY+ST-ZIP	OLUKOLU, SOJI 6685 NW 69 CT TAMARAC, FL 33321	NAME STREET ADDRESS	wayne Emary					
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D MALDANADO, ANNETTE 6840 NW 69 CT TAMARAC, FL 33321	□ Delete		lice President		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, GERALDINE 6879 NW 69 CT TAMARAC, FL 33321	ID-pelete	NAME	Secretan Suleman Belgo 2015 NW 169 CT Tamakac, FL3	Γ	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, PETA-GAYE 6890 NW 69 CT TAMARAC, FL 33321	D volete	NAME STREET ADDRESS	Director Jennifer Harr 6755 NW 69 CT Tamarae, FL	Γ	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, RUKE 6756 NW 69 CT TAMARAC, FL 33321	Delet	TITLE NAME STREET ADDRESS CITY-ST-ZIP		118542 01029003	□ Change *988 **122.	Addition	
TITLE NAME STREET ADDRESS CHY-SI-ZIP	P .	□ Delete	NAME STREET ADDRESS	resident reffrey Jerue 6776 NW 69 C Tamarac, FL 3	t: 33321	☐ Change	Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:								

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