

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004246

FILED
May 11, 2010
Secretary of State

Entity Name: BROOKSIDE COVE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O PROPERTY MANAGEMENT PARTNERS, INC.
7116 W. MCNAB ROAD
TAMARAC, FL 33321 US

New Principal Place of Business:

Current Mailing Address:

C/O PROPERTY MANAGEMENT PARTNERS, INC.
7116 W. MCNAB ROAD
TAMARAC, FL 33321 US

New Mailing Address:

FEI Number: 65-0608889 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT PARTNERS, INC.
7116 W. MCNAB ROAD
TAMARAC, FL 33321 US

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: EMORY, WAYNE
Address: 6839 NW 69 COURT
City-St-Zip: TAMARAC, FL 33321 US

Title: S
Name: MALDANADO, ANNETTE
Address: 6840 NW 69 CT
City-St-Zip: TAMARAC, FL 33321 US

Title: D
Name: WILLIAMS, RUKE
Address: 6756 NW 69 COURT
City-St-Zip: TAMARAC, FL 33321 US

Title: VP
Name: HARRIS, JENNIFER
Address: 6755 NW 69 COURT
City-St-Zip: TAMARAC, FL 33321 US

Title: P
Name: JERUE, JEFFREY
Address: 6776 NW 69 COURT
City-St-Zip: TAMARAC, FL 33321 US

Title: D
Name: DODGE, GERALDINE
Address: 6790 NW 69 COURT
City-St-Zip: TAMARAC, FL 33321

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: MARYANN PRINCIPATO

LCAM

05/11/2010

Electronic Signature of Signing Officer or Director

_____ Date