2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: BRADY-SMITH, KERRIANN
Address: 7116 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: S
Name: CAMERON, ERROLL
Address: 7116 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: 1 VP
Name: KETTLE, HEATHER
Address: 7116 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: 2 VP
Name: MILLER, CHRIS
Address: 7116 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: P
Name: HARRIS, JENNIFER
Address: 7116 W. MCNAB ROAD
City-St-Zip: TAMARAC, FL 33321 US

Title: D
Name: SIMMONDS, NERISSA
Address: 7116 W. MCNAB ROAD
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 MS 03/07/2011

Electronic Signature of Signing Officer or Director — Date