2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State
02-12-2003 90102 032 ****61.25

DOCUMENT # N95000004246

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

Principal Place of Business	Mailing Address
7932 WILES RD TAMARAC FL 33067	7932 WILES RD TAMARAC FL 33067 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OLUKOLU, SOJI 6685 NW 69 CT TAMARAC FL 33321	☐ Delete	Director-Secretary Maldonado, Annette 6840 NW 69 Ct Tamarac, FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMEON, ANDREW 6736 NW 69 CT TAMARAC FL 33321	☒ Delete	Director Dodge, Geraldine 6879 NW 69 Ct Tamarac, FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALLEN, MARCIA 6866 NW 69 CT TAMARAC FL 33321	☐ Delete	Director Fisher, Peta-Gaye 6890 NW 69 Ct Tamarac, FL 33321	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP GRABOWSKI, JOHN 6859 NW 69 CT TAMARAC FL 33321	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOMINCHAR, GUILLERMO 6968 NW 69 CT TAMARAC FL 33321	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TORRES, YOLANDA 6967 NW 69 CT TAMARAC FL 33321	☒ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED Marcia Allen 1/24/03