

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90184 005 ****70.00

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1. Entity Name

**BROOKFIELD ESTATES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

Mailing Address

**21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0691648

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ISAACSON, WILLIAM K
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486**

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE **P** ☒ Delete
NAME **KENT, MARIAN**
STREET ADDRESS **16451 BROOKFIELD ESTATES WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☐ Delete
NAME **GOLUB, SHELDON**
STREET ADDRESS **16427 BROOKFIELD ESTATES WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **VT** ☒ Delete
NAME **GOLDFEIN, JAMES**
STREET ADDRESS **16442 BROOKFIELD ESTATES WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **2VS** ☒ Delete
NAME **WILKINS, STANLEY**
STREET ADDRESS **16498 BROOKFIELD ESTATES WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE **D** ☐ Delete
NAME **DAVIS, JOAN**
STREET ADDRESS **16426 BROOKFIELD ESTATE WAY**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **Stanley Wilkins**
STREET ADDRESS **16498 Brookfield Estates Way**
CITY-ST-ZIP **Delray Bch, FL 33446**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☒ Change ☐ Addition
NAME **Thomas Koehman**
STREET ADDRESS **16490 Brookfield Estates Way**
CITY-ST-ZIP **Delray Bch, FL 33446**

TITLE **Secretary** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Director** ☐ Change ☒ Addition
NAME **DAVID LANTIER**
STREET ADDRESS **16389 Brookfield Estates Way**
CITY-ST-ZIP **Delray Bch, FL 33446**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

David Lantier

3/31/06