

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90159 037 ****61.25

DOCUMENT # N98000001174

1. Entity Name

BROOKFIELD ASSOCIATION, INC.



Principal Place of Business

**4400 NW 36 AV
GAINESVILLE FL 32606**

Mailing Address

**4400 NW 36 AV
GAINESVILLE FL 32606**

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 (10/04)

4. FEI Number

59-3505585

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

**TRIPPE, PAT
MANAGEMENT SPECIALISTS
4400 NW 36 AV
GAINESVILLE FL 32606**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 SD
NAME BOWERS, PAUL ☒ Delete
STREET ADDRESS 5800 NW 39 AVE., STE. 101
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE PD
NAME GREER, JOHN W III ☒ Delete
STREET ADDRESS 5800 N.W. 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D
NAME WAUGH, TIMOTHY ☒ Delete
STREET ADDRESS 5800-101 NW 39 AVE.
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P.
NAME Hunziker, Randolph ☐ Change ☒ Addition
STREET ADDRESS 2567 NW 44th DR.
CITY-ST-ZIP Gainesville, FL 32606

TITLE V
NAME Vogel, Kenny ☐ Change ☒ Addition
STREET ADDRESS 2501 NW 91st DR.
CITY-ST-ZIP Gainesville, FL 32606

TITLE T
NAME Monteau, Dan ☐ Change ☒ Addition
STREET ADDRESS 9278 NW 26th Ave.
CITY-ST-ZIP Gainesville, FL 32606

TITLE S
NAME Steinberg, Roger ☐ Change ☒ Addition
STREET ADDRESS 9473 NW 24th Rd.
CITY-ST-ZIP Gainesville, FL 32606

TITLE D
NAME Daniels, Andre ☐ Change ☒ Addition
STREET ADDRESS 9431 NW 23rd Rd.
CITY-ST-ZIP Gainesville, FL 32606

TITLE D
NAME Lemak, Mark ☐ Change ☒ Addition
STREET ADDRESS 2545 NW 93rd Street
CITY-ST-ZIP Gainesville, FL 32606

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/05

352-333-1418
Daytime Phone #