2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001174

Entity Name: BROOKFIELD ASSOCIATION, INC.

FILED Jan 18, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
4400 NW 36 AV GAINESVILLE, FL 32606				5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608				
Current Mailing Address:				New Mailing Address:				
4400 NW 36 AV GAINESVILLE, FL 32606				5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608				
FEI Number:	59-3505585	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate	e of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
TRIPPE, PAT MANAGEMENT SPECIALISTS 4400 NW 36 AV GAINESVILLE, FL 32606 US				TRIPPE, PAT 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US				
The above r in the State		ıbmits this statement for the purp	ose of	f changing its	s registered	office or re	gistered agent, or both,	
SIGNATURE:				01/18/2008				
Electronic Signature of Registered Agent				Date				
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$				
Title: Name: Address: City-St-Zip:	S () E STEINBERG, RO 9473 NW 24TH R GAINESVILLE, F	D		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VP () E ANDERSON, JOH 9248 NW 26TH A GAINESVILLE, F	VE		Title: Name: Address: City-St-Zip:	VP (X KILMER, RICH 2504 NW 95TI GAINESVILLE	H STREET) Addition	
Title: Name: Address: City-St-Zip:	D () E KIRBY, GARY 2548 NW 93RD S GAINESVILLE, F			Title: Name: Address: City-St-Zip:	T (X KRAJINOVICH 2327 NW 91S GAINESVILLE	T DRIVE) Addition	
Title: Name: Address: City-St-Zip:	D () C DANIELS, ANDRI 9431 NW 23RD F GAINESVILLE, F	RD		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	T () E PARKER, ROBIN 9424 NW 26TH A GAINESVILLE, F	VE		Title: Name: Address: City-St-Zip:	P (X PARKER, ROE 9424 NW 26TI GAINESVILLE	H AVE) Addition	
Title: Name: Address: City-St-Zip:	P () E MONTEAU, DAN 9278 NW 26TH A GAINESVILLE, FI			Title: Name: Address: City-St-Zip:	D (X MONTEAU, DA 9278 NW 26TI GAINESVILLE	H AVE) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROBIN PARKER P 01/18/2008