

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076331

FILED
Apr 20, 2009
Secretary of State

Entity Name: BROADFIELD APARTMENTS CORP.

Current Principal Place of Business:

WINTER GARDEN APTS.
521 S PARK AVE
LEESBURG, FL 34789

New Principal Place of Business:

WINTER GARDEN APTS.
521 S PARK AVE
WINTER GARDEN, FL 34787

Current Mailing Address:

6508 MOONSHHELL CT.
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3640757 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUZMAN, MARIA I
6508 MOONSHHELL CT.
ORLANDO, FL 32819 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GUZMAN, MARIA I
Address: 6503 MOONSHHELL CT.
City-St-Zip: ORLANDO, FL 32819

Title: TD () Delete
Name: GUZMAN, MARIA I
Address: 6508 MOONSHHELL CT.
City-St-Zip: ORLANDO, FL 32819

Title: VD () Delete
Name: GUZMAN, FRANCISCO
Address: 6565 HIDDEN BEACH CIR.
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: MARTINEZ, AGNERI
Address: 5214 CONCH CT
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: GUZMAN, DAMARY
Address: 6508 MOONSHHELL CT
City-St-Zip: ORLANDO, FL 32819

Title: SD () Delete
Name: FERNANDEZ, STACEY
Address: 5214 CONCH CT.
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA I GUZMAN

PD

04/20/2009

Electronic Signature of Signing Officer or Director

_____ Date