

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46005

Entity Name: BROOKFIELD AT ESTANCIA HOMEOWNERS ASSOCIATION, INC.**FILED**
Feb 17, 2021
Secretary of State
4679299934CC**Current Principal Place of Business:**7300 PARK STREET
SEMINOLE, FL 33777**Current Mailing Address:**7300 PARK STREET
SEMINOLE, FL 33777**FEI Number: 59-3096188****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RABIN & PARKER, P.A.
28163 U.S. HWY 19 N, SUITE 207
CLEARWATER, FL 33761 US*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**Officer/Director Detail :**Title PRESIDENT
Name DAQUANNA, PHYLLIS
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777Title VP
Name DAQUANNA, PHYLLIS
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777Title TREASURER
Name JOHNSON, STANLEY
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777Title DIRECTOR
Name PANTON, TOM
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777Title DIRECTOR
Name SMITH-GILLESPIE, DAVID
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777Title SECRETARY
Name KLATT, LISA
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777Title DIRECTOR
Name BOZZARELLI, JIM
Address 7300 PARK STREET
City-State-Zip: SEMINOLE FL 33777

I hereby 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 all other like empowered.

SIGNATURE: PHYLLIS DAQUANNA**PRESIDENT****02/17/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date