

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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**95 APR 26 AM 10:55**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortum  
Secretary of State  
DIVISION OF CORPORATIONS**

**DOCUMENT # N92000000735 (2)**

1. Corporation Name

**BROOKSIDE AT INDIAN SPRINGS HOMEOWNER'S ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
5180 SW 15 AVE 5180 SW 15 AVE  
BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437

3. Date Incorporated or Qualified <b>12/10/1982</b>	3a. Date of Last Report <b>04/07/1994</b>
4. FEI Number <b>65-0406361</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 188.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Zip <b>29</b>
	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>KAPLAN, ALVIN 5180 SW 15 AVE BOYNTON BEACH FL 33437</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code <b>FL</b>
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>GREENBERG, LEONARD E</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5180 SW 15 AVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33437</b>	1.2 NAME	
TITLE <b>VD</b>	NAME <b>KAPLAN, ALVIN</b>	1.3 STREET ADDRESS	
STREET ADDRESS <b>5180 SW 15 AVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33437</b>	1.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>PROJANSKY, ALBERT N</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5180 SW 15 AVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33437</b>	2.2 NAME	
TITLE <b>T</b>	NAME <b>ECHELSON, IVAN</b>	2.3 STREET ADDRESS	
STREET ADDRESS <b>5180 SW 15 AVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33437</b>	2.4 CITY-ST-ZIP	
TITLE <b>S</b>	NAME <b>PETERMAN, MARJORIE M</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5180 SW 15 AVE</b>	CITY-ST-ZIP <b>BOYNTON BEACH FL 33437</b>	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: I. H. Echelson I. H. Echelson 4/20/95 (907) 797-5805  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Mime Type)