

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 3-1-96 B-1743-C

DOCUMENT # N92000000735 (2)

1. Corporation Name

BROOKSIDE AT INDIAN SPRINGS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: 5160 SW 15 AVE, BOYNTON BEACH FL 33437
Mailing Address: 5160 SW 15 AVE, BOYNTON BEACH FL 33437

3. Date Incorporated or Qualified: 12/10/1992
3a. Date of Last Report: 04/26/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0406361		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contributor		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, ALVIN
5160 SW 15 AVE
BOYNTON BEACH FL 33437

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	11500 EL CLAIR RANCH Rd
84	City
85	Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, LEONARD E	1.2 NAME	
STREET ADDRESS	5160 SW 15 AVE	1.3 STREET ADDRESS	11500 EL CLAIR RANCH RD
CITY-ST-ZIP	BOYNTON BEACH FL 33437	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, ALVIN	2.2 NAME	
STREET ADDRESS	5160 SW 15 AVE	2.3 STREET ADDRESS	11500 EL CLAIR RANCH Rd
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROUJANSKY, ALBERT N	3.2 NAME	
STREET ADDRESS	5160 SW 15 AVE	3.3 STREET ADDRESS	11500 EL CLAIR RANCH Rd
CITY-ST-ZIP	BOYNTON BEACH FL 33437	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHELSON, IVAN	4.2 NAME	
STREET ADDRESS	5160 SW 15 AVE	4.3 STREET ADDRESS	11500 EL CLAIR RANCH Rd.
CITY-ST-ZIP	BOYNTON BEACH FL 33437	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERMAN, MARJORIE M	5.2 NAME	
STREET ADDRESS	5160 SW 15 AVE	5.3 STREET ADDRESS	11500 EL CLAIR RANCH Rd.
CITY-ST-ZIP	BOYNTON BEACH FL 33437	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Ivan Echelson 2/26/96 (407) 737 5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)