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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N92000000735 (2)

1. Corporation Name

BROOKSIDE AT INDIAN SPRINGS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5160 SW 15 AVE
BOYNTON BEACH FL 33437

5160 SW 15 AVE
BOYNTON BEACH FL 33437-1602

3. Date Incorporated or Qualified
12/10/1992

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

21 11500 EL CLAIR RANCH RD

2a. Mailing Address

26 11500 EL CLAIR RANCH RD

4. FEI Number

65-0406361

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 Boynton Beach FL

City & State

28 Boynton Beach FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

24 33437

Country

25 Palm Beach

Zip

28 33437

Country

30 Palm Beach

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAPLAN, ALVIN
11500 EL CLAIR RANCH ROAD
BOYNTON BEACH FL 33437

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME GREENBERG, LEONARD E
STREET ADDRESS 11500 EL CLAIR RANCH RD
CITY-ST-ZIP BOYNTON BEACH FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME KAPLAN, ALVIN
STREET ADDRESS 11500 EL CLAIR RANCH RD
CITY-ST-ZIP BOYNTON BEACH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME PROUJANSKY, ALBERT N
STREET ADDRESS 11500 EL CLAIR RANCH ROAD
CITY-ST-ZIP BOYNTON BEACH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T DELETE
NAME ECHELSON, IVAN
STREET ADDRESS 11500 EL CLAR RANCH ROAD
CITY-ST-ZIP BOYNTON BEACH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S DELETE
NAME PETERMAN, MARJORIE M
STREET ADDRESS 11500 EL CLAIR RANCH ROAD
CITY-ST-ZIP BOYNTON BEACH FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, or on an attachment with an address.

SIGNATURE:

Ivan Echelson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 (561) 737-5805
Date Daytime Phone # 0042522

CR2E037 (9/96)