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May 03, 1999 8:00 am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000735

1. Corporation Name

BROOKSIDE AT INDIAN SPRINGS HOMEOWNER'S ASSOCIATION, INC.

468495 - 90003 - 8

Principal Place of Business

Mailing Address

11500 EL CLAIR RANCH RD.
BOYNTON BEACH FL 33437
US

11500 EL CLAIR RANCH RD.
BOYNTON BEACH FL 33437
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/10/1992

22 City & State

27 City & State

4. FEI Number

Applied For
Not Applicable

23 Zip

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Country

29 Country

30 Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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: NASON, Roger Lynn
82 Street Address: 1045 Palm Beach Blvd
83 West Palm Beach
84 City: BOYNTON BEACH FL 85 Zip: 33401

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

[Handwritten Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | GREENBERG, LEONARD E | |
| STREET ADDRESS | 11500 EL CLAIR RANCH RD | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | KAPLAN, ALVIN | |
| STREET ADDRESS | 11500 EL CLAIR RANCH RD | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | PROJJANSKY, ALBERT N | |
| STREET ADDRESS | 11500 EL CLAIR RANCH ROAD | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | ECHELSON, IVAN | |
| STREET ADDRESS | 11500 EL CLAR RANCH ROAD | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | PETERMAN, MARJORIE M | |
| STREET ADDRESS | 11500 EL CLAIR RANCH ROAD | |
| CITY-ST-ZIP | BOYNTON BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Spd Scooper | |
| 1.3 STREET ADDRESS | 5196 Brookview Dr | |
| 1.4 CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| 2.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Bud Sloan | |
| 2.3 STREET ADDRESS | 11075 Seelambrook Cir | |
| 2.4 CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| 3.1 TITLE | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Peggy Franklin | |
| 3.3 STREET ADDRESS | 11077 Indian Lake Cir | |
| 3.4 CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Robert Radnor | |
| 4.3 STREET ADDRESS | 5304 Brookview Dr | |
| 4.4 CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| 5.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Michael Shore | |
| 5.3 STREET ADDRESS | 5214 Brookview Dr | |
| 5.4 CITY-ST-ZIP | BOYNTON BEACH FL 33437 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/27/99

Daytime Phone #

CR2E037 (11/98)