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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 8:19

DOCUMENT # **735981** **(3)**

1. Corporation Name
BROOKVIEW ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13500 NE 3RD COURT #227 #227 NORTH MIAMI FL 33161 US	13500 NE 3RD COURT #227 NORTH MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/01/1976
3a. Date of Last Report: 08/17/1994
4. FEI Number: 59-1702167 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent

DODDATO, PATRICIA
13500 NW 3 CR
S110
N MIAMI FL 33161

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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: Patricia A. Doddato — 4/30/95
Signature, typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P - D	11 TITLE	☐ Change ☐ Addition
NAME	DOYLE, JOHN	12 NAME	
STREET ADDRESS	13500 N.E. 3 CT. #323	13 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	14 CITY-ST-ZIP	
TITLE	T - D	21 TITLE	☐ Change ☐ Addition
NAME	DODDATO, PATRICA A.	22 NAME	
STREET ADDRESS	13500 N.E. 3 CT. #110	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	MANN, CARYL	32 NAME	
STREET ADDRESS	13500 N.E. 3 CT. #114	33 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	34 CITY-ST-ZIP	
TITLE	AT	41 TITLE	☐ Change ☐ Addition
NAME	DIXON, JANET	42 NAME	
STREET ADDRESS	13500 NE 3RD 219	43 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	44 CITY-ST-ZIP	
TITLE	VP - D	51 TITLE	☒ Change ☐ Addition
NAME	KEMPER, MARGARET	52 NAME	KEMPEL, MARGARET
STREET ADDRESS	13500 N.E. 3 CT. #107	53 STREET ADDRESS	Same.
CITY-ST-ZIP	NORTH MIAMI FL	54 CITY-ST-ZIP	Same.
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: Patricia A Doddato — 4/30/95 — 305-842-8412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Patricia A Doddato

0043678