

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 735981 (3)

1. Corporation Name

BROOKVIEW ASSOCIATION, INC.



Principal Place of Business

13500 NE 3RD COURT #227
#227
NORTH MIAMI FL 33161
US

Mailing Address

13500 NE 3RD COURT #227
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified

06/01/1976

3a. Date of Last Report

06/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~DODDATO, PATRICIA~~
13500 NW 3 CR
#110
N MIAMI FL 33161

81 Name

JANET DIXON

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

13500 NE 3RD #219

83

84 City

N MIAMI

FL

85 Zip Code

33161

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOYLE, JOHN	
STREET ADDRESS	13500 N.E. 3 CT. #323	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DODDATO, PATRICA A.	
STREET ADDRESS	13500 N.E. 3 CT. #110	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MANN, CARYL	
STREET ADDRESS	13500 N.E. 3 CT. #114	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DIXON, JANET	
STREET ADDRESS	13500 NE 3RD 219	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	KEMPEL, MARGARET	
STREET ADDRESS	13500 N.E. 3 CT. #107	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JANET DIXON	
1.3 STREET ADDRESS	#219 13500 NE 3RD N	
1.4 CITY-ST-ZIP	N MIAMI FL 33161	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHANNA REUMANN	
2.3 STREET ADDRESS	#219	
2.4 CITY-ST-ZIP	N MIAMI FL 33161	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ATLSON ADAMS	
3.3 STREET ADDRESS	13500 NE 3RD CT #306	
3.4 CITY-ST-ZIP	N MIAMI FL 33161	
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARGARETA VEQUILIA	
4.3 STREET ADDRESS	13500 NE 3RD CT	
4.4 CITY-ST-ZIP	419 N MIAMI FL 33161	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LORETTA MCKAY	
5.3 STREET ADDRESS	13500 NE 3RD CT	
5.4 CITY-ST-ZIP	409 N MIAMI FL 33161	
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 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:

[Signature]

JOHANNA REUMANN

4/23/96

305-685-5105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)