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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 735981

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/01/1976

4. FEI Number
59-1702167
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FISCHER, ADAM
13500 NE 3 CT 420
S110
NO MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name: Patricia R. Rand
82 Street Address (P.O. Box Number is Not Acceptable): 13500 NE 3 CT 209
83
84 City: No Miami FL 33161 **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: Patricia R Rand (PATRICIA R RAND) Secretary DATE: 3-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	FISCHER, ADAM		1.2 NAME	Jo An Moore CT 12t	
STREET ADDRESS	13500 NE 3 CT 420		1.3 STREET ADDRESS	13500 NE 3 CT 126	
CITY-ST-ZIP	NO MIAMI FL 33161		1.4 CITY-ST-ZIP	NO Miami FL 33161	
TITLE	VPD	☒ DELETE	2.1 TITLE	VPD	☐ Change ☒ Addition
NAME	CARRATT, ARTHUR		2.2 NAME	Bertan Abe	
STREET ADDRESS	5589 N PARK RD		2.3 STREET ADDRESS	13500 NE 3 CT 227	
CITY-ST-ZIP	NO MIAMI FL 33312		2.4 CITY-ST-ZIP	NO Miami FL 33161	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REUMANN, JOHANNA		3.2 NAME		
STREET ADDRESS	13500 NE 3 CT 221		3.3 STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI FL 33161		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RAND, PATRICIA R		4.2 NAME		
STREET ADDRESS	13500 NE 3 CT 209		4.3 STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI FL 33161		4.4 CITY-ST-ZIP		
TITLE	ADS	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ADAMS, ALISON		5.2 NAME	Adams, Alison	
STREET ADDRESS	7211 FAIRWAY BLVD		5.3 STREET ADDRESS	7211 Fairway Blvd	
CITY-ST-ZIP	MIRAMAR FL 33023		5.4 CITY-ST-ZIP	Miramar, FL 33023	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VEJUILLA, MARGARITA		6.2 NAME		
STREET ADDRESS	13500 N E 3 CT 423		6.3 STREET ADDRESS		
CITY-ST-ZIP	NO MIAMI FL 33161		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: Patricia R Rand (PATRICIA R RAND) 3-14-99 305-852-9686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #