FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # 735981 1. Entity Name BROOKVIEW ASSOCIATION, INC. 04-25-2001 90141 024 ****61 25 Principal Place of Business Mailing Address 13500 NE 3RD COURT #227 13500 NE 3RD COURT #227 NORTH MIAMI FL 33161 NORTH MIAMI FL 33161 US 3. Mailing Address 2. Principal Place of Business ろろんに 13500 NE 3 CE Suite, Apt. #, etc. # フスフ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE # ユスコ City & State City & State Applied For 4. FEI Number 3 m s 59-1702167 Not Applicable Zip 3-3161 Country Country \$8.75 Additional **3**3161 5. Certificate of Status Desired USA 1)3d5 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NameSUSZN J ASKEW Street Address (P.O. Box Number is Not Acceptable) askew, Susan J 13500 NE 3RD COURT #102 MIZM. NORTH MIAMI FL 33161 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME ASKEW, SUSAN J NAME 13500 NE 3 CT #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO MIAM! FL 33161 PT ☐ Delete TITLE Change ☐ Addition TITLE MOORE, JOAN NAME NAME STREET ADDRESS 13500 NE 3 CT #126 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NO MIAMI FL 33161 π ☐ Change ☐ Addition TITLE Delete REUMANN, JOHANNA NAME NAME STREET ADDRESS STREET ADDRESS 13500 NE 3 CT #221 CITY-ST-ZIP CITY-ST-7IP NO MIAMI FL 33161 Change ☐ Addition TITLE ☐ Delete TITLE ADAMS, ALLISON NAME NAME STREET ADDRESS STREET ADDRESS 7211 FAIRWAY BLVD. CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GARCIA, MARY NAME NAME 13500 NE 3RD CT. #426 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI FL 33161 Claris 12ing 13500 NES ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS NO MIDMI, FL 33161 CITY-ST-ZIP CITY-ST-ZIP 12. 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

2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-2001 893-4913