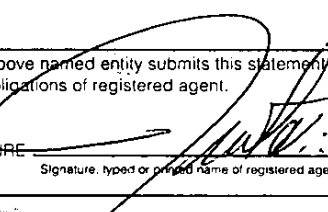


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

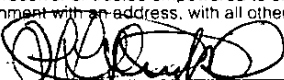
FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90016 007 ****61.25

DOCUMENT # 735981 1. Entity Name BROOKVIEW ASSOCIATION, INC.					
Principal Place of Business 14411 COMMERCE WAY, SUITE 240 MIAMI LAKES, FL 33016 US			Mailing Address 14411 COMMERCE WAY, SUITE 240 MIAMI LAKES, FL 33016 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1702167	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZARATE, JORGE C.A.M C/O COSMOS MANAGEMENT SERVICES INC. 14411 COMMERCE WAY, SUITE 240 MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) Jorge Zarate, C.A.M. 4/25/07 DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAZELTON, JOHN 6051 NW 201 LANE MIAMI, FL 33015	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dunkley, Harold 14411 Commerce Way, Suite 240 Miami Lakes, FL 33016	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSS-WILLIAMS, VERONICA 13500 NE 3RD COURT, # 406 NORTH MIAMI, FL 33101	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ross-Williams, Veronica 14411 Commerce Way, Suite 240 Miami Lakes, FL 33016	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CEASAR, REMUS 13500 NE 3RD CT #305 NORTH MIAMI, FL 33161	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cesar, Remus 14411 Commerce Way, Suite 240 Miami Lakes, FL 33016	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONSTANCE-FAISON, MARY 13500 NE 3RD COURT, # 206 NORTH MIAMI, FL 33161	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Appolon Maria 14411 Commerce Way, Suite 240 Miami Lakes, FL 33016	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, BDERLY 13500 NE 3RD COURT, # 225 NORTH MIAMI, FL 33161	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barrairo, Elsa 14411 Commerce Way, Suite 240 Miami Lakes, FL 33016	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

5-2-07

954-593-470

Date

Daytime Phone #