

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-1702167	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent
**DIXON, JANET
13500 NW 3 CR
S110
N MIAMI FL 33161**

10. Name and Address of New Registered Agent	
81 Name Adam Fischer	85 Zip Code 33161
82 Street Address (P.O. Box Number is Not Acceptable) 13500 N.E. 3 Ct., #420	
83 City North Miami	
84 State FL	

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 *Adam W. Fischer* *ADAM W. FISCHER* *2/1/98*
Sign, use, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIXON, JANET #219 13500 NE 3CT. N. NORTH MIAMI FL 33161 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REGMANN, JOANNA #221 NORTH MIAMI FL 33161 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, ALLSON 13500 N.E. 3 CT. #306 NORTH MIAMI FL 33161 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD VEQUILLA, MARGARETA 13500 NE 3RD CT. NORTH MIAMI FL 33161 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCKAY, LORETTA 13500 N.E. 3 CT. #409 NORTH MIAMI FL 33161 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Adam Fischer 13500 N.E. 3 Ct., #420 North Miami, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	North Miami, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Director Arthur Carratt 5589 N. Park Rd., FL 33312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD Johanna Reumann 13500 N.E. 3 Ct., #221 North Miami, FL 33161 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD PATRICIA R. Rand 13500 N.E. 3 Ct., #209 North Miami, FL 33161 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AS/D Alison Adams 7211 Fairway Blvd. Miramar, FL 33023 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D Margarita Veguilla 13500 N.E. 3 Ct., #420 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 signed 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: *Adam W. Fischer* *ADAM W. FISCHER* *2/1/98* *(305) 895-2748*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031857

CR2E037 (10/97)