


FILE NOW: FILING FEE IS \$61.25

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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90103 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735981

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
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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	3. Date Incorporated or Qualified 06/01/1976 4. FEI Number 59-1702167 Applied For 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
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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 85 Zip Code 33161
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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 3-14-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD FISCHER, ADAM STREET ADDRESS 13500 NE 3 CT 420 CITY-ST-ZIP NO MIAMI FL 33161	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Jo-An Moore 1.3 STREET ADDRESS 13500 NE 3 CT 126 1.4 CITY-ST-ZIP NO Miami FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD CARRATT, ARTHUR STREET ADDRESS 5589 N PARK RD CITY-ST-ZIP NO MIAMI FL 33312	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME Bertan, Abe 2.3 STREET ADDRESS 13500 NE 3 CT 227 2.4 CITY-ST-ZIP NO Miami FL 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD REUMANN, JOHANNA STREET ADDRESS 13500 NE 3 CT 221 CITY-ST-ZIP NO MIAMI FL 33161	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD RAND, PATRICIA R STREET ADDRESS 13500 NE 3 CT 209 CITY-ST-ZIP NO MIAMI FL 33161	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ADS ADAMS, ALISON STREET ADDRESS 7211 FAIRWAY BLVD CITY-ST-ZIP MIRAMAR FL 33023	<input type="checkbox"/> DELETE	5.1 TITLE D 5.2 NAME Adams, Alison 5.3 STREET ADDRESS 7211 Fairway Blvd 5.4 CITY-ST-ZIP Miramar, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D VEJUILLA, MARGARITA STREET ADDRESS 13500 N E 3 CT 423 CITY-ST-ZIP NO MIAMI FL 33161	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input 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)(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* SIGNATURE REQUIRED 3-14-99 305-892-9686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #