2000 UNIFORM BUSINESS REPORT (UBR)

08-09-2000 90080 019 ****61.25

DOCUMENT # 735981

1. Entity Name
Brookview Association INC

FILED
00 AUG -9 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
13500 NE 3 CT N Miami FL 33161	13500 NE 3 COURT #227 No Miami, Fl 33161
2. Principal Place of Business No Miami FL	3. Mailing Address No Miami FL
Suite, Apt. #, etc. 227	Suite, Apt. #, etc. 227
City & State No Miami FL	City & State No Miami FL
Zip 33161 Country DADE-USA	Zip 33161 Country DADE-USA

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUSAN J ASKEW, Secretary Brookview Association #102 13500 NE 3 CT N Miami, FL 33161	Name SUSAN J ASKEW Street Address (P.O. Box Number is Not Acceptable) 13500 NE 3 CT #102 City No Miami FL Zip Code 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.

SIGNATURE Susan J Askew, Secretary 1-5-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Patricia Rand 13500 NE 3 CT #209 N. Miami FL 33161	☒ Delete died 6-10-2000	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary SUSAN J ASKEW 13500 NE 3 CT #102 N Miami, FL 33161	T ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President JoAn Moore 13500 NE 3 Ct., #126 No Miami, FL 33161	T ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Johanna Reuman 13500 NE 3 Ct #221 No Miami, FL 33161	T ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Allision Adams 7211 Fairway Blvd Miramar, FL 33023	D ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Mary Garcia 13500 NE 3 Ct., # 425 No Miami, FL 33161	D ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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CR2E037 (9/99)

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 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: Susan J Askew Susan J Askew 1-5-2000 305 893 4013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (optional)

unlisted

8/10