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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 12 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746709

1. Corporation Name
212 BRINY AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
INC. 212 BRINY AVENUE POMPANO BEACH FL 33062	INC. 212 BRINY AVENUE POMPANO BEACH FL 33062

[redacted]

AS ABOVE

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualified: 04/11/1979
4. FEI Number: 59-1926845 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
~~JACKSON, JOHN P.~~ MARK LINDSEY
212 BRINY AVE
POMPANO BEACH FL FL 33062

10. Name and Address of New Registered Agent
91 Name: MARK LINDSEY MARK
92 Street Address (P.O. Box Number is Not Acceptable): 212 BRINY AVE #4
93
94 City: POMPANO BCH FL 95 Zip Code: 33062

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: [redacted] 3-25-99
Signature required or typed 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICE PRESIDENT O'GORMAN, GERRY 212 BRINY AVENUE B2 POMPANO BEACH FL	☐ DELETE	12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	[redacted]	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ JACKSON, JOHN 212 BRINY AVENUE POMPANO BEACH FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[redacted]	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted]		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	[redacted]	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCINTIRE, S.W. 212 BRINY AVE B4 POMPANO BEACH FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D PRESIDENT-SEC. LINDSEY, MARK 212 BRINY AVE A4 POMPANO BEACH, FL 33062	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAINES FRAZER 212 BRINY B3 POMPANO BCH FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREASURER ~~PRICE~~, JOSIE 212 BRINY AVE A2 POMPANO BEACH, FL 33062	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: SIGNATURE REQUIRED 3-25-99 954-946-1681
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #