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95 MAY -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748132 (8)
1. Corporation Name
BROOKFIELD SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

~~6289 W. SUNRISE BLVD.~~ ~~6289 W. SUNRISE BLVD. #202~~ ~~BOCA RATON FL 33434~~ ~~US~~

~~200 W. PALMETTO PK. RD.~~ ~~SUITE 220~~ ~~BOCA RATON FL 33432~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/19/1979** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-1971574** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **Summit Prop. Mgmt.** 26 **P.O. Box 189013**

22 **P.O. Box 189013** 27 Suite, Apt. #, etc.

23 **Plantation FL** 28 **Plantation, FL**

24 **33318** 25 **USA** 29 **33318** 30 **USA**

9. Name and Address of Current Registered Agent

SUMMIT PROPERTY MANAGEMENT INC.
6289 W. SUNRISE BLVD., #202
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABATINE, JOSEPH	1.2 NAME	
STREET ADDRESS	2800 NW 56 AVE G107	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASQUIN, ENZOE	2.2 NAME	P/O
STREET ADDRESS	2800 NW 56TH AVE. G406	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONCALLO, EDUARDO	3.2 NAME	D
STREET ADDRESS	2800 NW 56 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, THOMAS	4.2 NAME	VD
STREET ADDRESS	2800 SW 56TH AVE. G107	4.3 STREET ADDRESS	Dionne Morris
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	2800 NW 56 Ave., A-105
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISH, ANN	5.2 NAME	
STREET ADDRESS	2800 N.W. 56 AVE. G4077	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARCHMENT, FAY	6.2 NAME	
STREET ADDRESS	2800 NW 56 AVE E303	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: X *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR