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Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
SUMMIT PROP. MGMT.
P.O. BOX 189013
PLANTATION FL 33318
US

P.O. BOX 189013
SUITE 220
PLANTATION FL 33318-9013
US

3. Date incorporated or Qualified 07/19/1979 3a. Date of Last Report 09/27/1996
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
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 Suite, Apt #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SUMMIT PROPERTY MANAGEMENT INC.
6200 W. SUNRISE BLVD., #202
SUNRISE FL 33319

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 Suite 100-C
84 City Plantation FL 85 Zip Code 33318

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 *Gail H. Sangunett* Gail H. Sangunett, Vice Pres.-Administration 2/7/97
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	VD <input type="checkbox"/> DELETE	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	PD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, MATHEW	2.2 NAME	
STREET ADDRESS	2800 NW 56TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONCALLO, EDUARDO	3.2 NAME	
STREET ADDRESS	2800 NW 56 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, DIONNE	4.2 NAME	
STREET ADDRESS	2800 N.W. 56 AVE., G-105	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, THOMAS	5.2 NAME	
STREET ADDRESS	2800 N.W. 56 AVE. G-107	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, NICHOLAS	6.2 NAME	
STREET ADDRESS	2800 NW 56 AVE H-306	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 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.

SIGNATURE: *Joseph Sabatine* JOSEPH SABATINE, VP 1-9-97 (954) 792-6000
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0036773

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