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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748132 (8)
1. Corporation Name
BROOKFIELD SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business P.O. BOX 189013 PLANTATION FL 33318 US	Mailing Address P.O. BOX 189013 PLANTATION FL 33318 US
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3. Date Incorporated or Qualified 07/19/1979	
4. FEI Number 59-1971574	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Castle Group	2a. Mailing Address 26 Castle Group
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 27
Zip 24	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**4450 W SUNRISE BLVD
SUITE 100C
PLANTATION FL 33318**

10. Name and Address of New Registered Agent
**81 Name
Castle Property Services Group, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code**

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 President - Administration 2/20/98**
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	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALENTINE, MATHEW	2.2 NAME	SB GAYLE, MARTIN
STREET ADDRESS	2800 NW 56TH AVE.	2.3 STREET ADDRESS	2800 NW 56th AVENUE, F-301
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	LAUDERHILL, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONCALLO, EDUARDO	3.2 NAME	TD KELLY, TOM
STREET ADDRESS	2800 NW 56 AVE	3.3 STREET ADDRESS	2800 NW 56th AVE., E-104
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	LAUDERHILL, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORRIS, DIONNE	4.2 NAME	DALEN, JESSE
STREET ADDRESS	2800 N.W. 56 AVE., G-105	4.3 STREET ADDRESS	2800 NW 56th AVE., F-403
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, THOMAS	5.2 NAME	TD MATTHIE, J. Lee
STREET ADDRESS	2800 N.W. 56 AVE. G-107	5.3 STREET ADDRESS	2800 NW 56th AVE., H-204
CITY-ST-ZIP	LAUDERDALE FL	5.4 CITY-ST-ZIP	LAUDERHILL FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORALES, NICHOLAS	6.2 NAME	TD GRAY, MARLENE
STREET ADDRESS	2800 NW 56 AVE H-306	6.3 STREET ADDRESS	2800 NW 56th AVE., G-301
CITY-ST-ZIP	LAUDERHILL FL	6.4 CITY-ST-ZIP	LAUDERHILL, FL

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.

SIGNATURE: *Thomas Adams* **Thomas Adams, President 2/20/98 (954) 792-6000**

CR2E037 (10/97)