


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90045 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748132**

1. Corporation Name  
**BROOKFIELD SQUARE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318 US	Mailing Address CASTLE GROUP SUITE 220 PLANTATION FL 33318 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/19/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P.O. Box 189013	4. FEI Number 59-1971574
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CASTLE PROPERTY SERVICES GROUP INC 4450 W SUNRISE BLVD SUITE 100C PLANTATION FL 33318		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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABATINE, JOSEPH	1.2 NAME	Sanchez, Sharlee
STREET ADDRESS	2800 NW 56 AVE G107	1.3 STREET ADDRESS	2800 NW 56th AVE, # E-401
CITY-ST-ZIP	LAUDERHILL FL	1.4 CITY-ST-ZIP	LAUDERHILL FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAYLE, MARTIN	2.2 NAME	Wilkes, Roman
STREET ADDRESS	2800 N.W. 56TH AVE., E-201	2.3 STREET ADDRESS	2800 NW 56th AVE, # H-107
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	LAUDERHILL FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	KELLY, TOM	3.2 NAME	
STREET ADDRESS	2800 N.W. 56TH AVE., E-104	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEN, JESSE	4.2 NAME	
STREET ADDRESS	2800 NW 56TH AVE., F-403	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	ED <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHIE, J LEE	5.2 NAME	
STREET ADDRESS	2800 NW 56TH AVE., A-204	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	GRAY, MARLENE	6.2 NAME	
STREET ADDRESS	2800 NW 56TH AVE., G-301	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	6.4 CITY-ST-ZIP	

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: *J. J. Matthie* SIGNATURE REQUIRED: *Matthie, President* Date: \_\_\_\_\_ Daytime Phone #: *(954) 792-6000*

CR2E037 (11/98)