


FILED
Mar 28, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 748132

1. Entity Name
 BROOKFIELD SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2800 N.W. 56TH AVE. C-205 LAUDERHILL, FL 33313 US	Mailing Address 2800 N.W. 56TH AVE. C-205 LAUDERHILL, FL 33313 US
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03032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1971574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, RENEE M ESQ PA
 420 LINCOLN RD STE 245
 MIAMI BEACH, FL 33139

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Raymond E. Andre* DATE: 3/26/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

00000874104
 04/10/08-80104-016 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ADAMS, GORDON 2800 N.W. 56TH AVE. C-205 LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANDRE, REGINALD 2800 N.W. 56TH AVE. C-205 LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAYMOND, MARYANNE 2800 N.W. 56TH AVE. C-205 LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Raymond E. Andre* DATE: 3/26/08 (954) 610-8648

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR