2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 04, 2009
Secretary of State

DOCUMENT# 748132

Entity Name: BROOKFIELD SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2800 N.W. 56TH AVE.
C-205
LAUDERHILL, FL 33313 US

New Principal Place of Business:

Current Mailing Address:

2800 N.W. 56TH AVE.
C-205
LAUDERHILL, FL 33313 US

New Mailing Address:

FEI Number: 59-1971574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MITCHELL, ANTHONY
2800 N.W. 56TH AVE.
SUITE C205
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ANTHONY MITCHELL
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	BOM	( ) Delete
Name:	MCLAUGHLIN, VINCENT	
Address:	2800 N.W. 56TH AVE. B207	
City-St-Zip:	LAUDERHILL, FL 33313 US	
Title:	BOM	( ) Delete
Name:	DEKLE, SHERRY	
Address:	2800 N.W. 56TH AVE. G105	
City-St-Zip:	LAUDERHILL, FL 33313 US	
Title:	T	( ) Delete
Name:	RAYMOND, MARYANNE	
Address:	2800 N.W. 56TH AVE. C-205	
City-St-Zip:	LAUDERHILL, FL 33313 US	
Title:	BOM	( ) Delete
Name:	AUGUSTINE, PAUL	
Address:	2800 N.W. 56TH AVE. C-202	
City-St-Zip:	LAUDERHILL, FL 33313 US	
Title:	S	( ) Delete
Name:	SHAW, SHARONDA	
Address:	2800 N.W. 56TH AVE. #E207	
City-St-Zip:	LAUDERHILL, FL 33313 US	
Title:	VP	( ) Delete
Name:	FLEURANT, GARY	
Address:	2800 N.W. 56TH AVE. A302	
City-St-Zip:	LAUDERHILL, FL 33313 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARONDA SHAW TR 12/04/2009
Electronic Signature of Signing Officer or Director — Date