FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:18

DOCUMENT # **748237** **(5)**

1. Corporation Name

BROOKFIELD GARDENS NORTH NO. 4 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
708 SE 2ND AVE. DEERFIELD BEACH FL 33441	708 SE 2ND AVE. DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/27/1979
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2019670 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25): Zip (29): Country (30):

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRISON, L. RAY
708 SE 2ND AVE 421
UNIT 328
DEERFIELD BCH FL 33441

10. Name and Address of New Registered Agent

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 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE: Eugene Cinicola (Signature required 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	CINICOLA, EUGENE P	12 NAME	
STREET ADDRESS	708 SE 2ND AVE. APT. 426	13 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE SD	☒ Change ☐ Addition
NAME	MORIN, KATHLEEN	22 NAME	EVELYN LEICHT FUSS
STREET ADDRESS	708 SE 2ND AVE 326	23 STREET ADDRESS	708 SE 2nd ave
CITY-ST-ZIP	DEERFIELD BCH FL	24 CITY-ST-ZIP	DEERFIELD BCH FL
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	HARRISON, L. RAY	32 NAME	
STREET ADDRESS	708 SE 2ND AVE., APT. 328	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: EUGENE CINICOLA 3-21-95 305.428.3244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #