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NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33441-7506~~

3. Date Incorporated or Qualified: 07/27/1979
3a. Date of Last Report: 04/02/1996

2. Principal Place of Business
21: 23123 State Rd 7
Suite, Apt. #, etc. 22: Suite 350A
City & State 23: Boca Raton FL
Zip 24: 33428 Country 25: Palm Beach

2a. Mailing Address
26: PO Box 97-0069
Suite, Apt. #, etc. 27:
City & State 28: Boca Raton FL
Zip 29: 33497-0069 Country 30:

4. FEI Number: 59-2019670 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Residential Mgmt Concepts, Gary Palombi
82 Street Address (P.O. Box Number is Not Acceptable): 23123 State Rd 7
83: Suite 350A
84 City: Boca Raton FL 85 Zip Code: 33428

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: G. RAY PALOMBI 2-25-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT HARRISON, RAY L 708 SE 2ND AVE., APT. 328 DEERFIELD FL 33441	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEICHTFUSS, EVELYN 708 SE 2ND AVE 326 DEERFIELD BCH FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRISON, BARBARA J 708 SW 2ND APT 328 DEERFIELD BEACH FL 33441	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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. L. RAYMOND

SIGNATURE: L. Ray Harrison AUTHORIZED HARRISON 2-25-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0042801