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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748237

1. Corporation Name

BROOKFIELD GARDENS NORTH NO. 4 ASSOCIATION, INC.

Principal Place of Business

23123 STATE RD. 7
STE 350A
BOCA RATON FL 33428
US

Mailing Address

P.O. BOX 97-0069
BOCA RATON FL 33497-0369
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/27/1979

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

9. Name and Address of Current Registered Agent

RESIDENTIAL MGMT CONCENPTS GARY PALOMBI
23123 STATE RD. 7
STE 350A
BOCA RATON FL 33428

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME DT
HARRISON, RAY L
STREET ADDRESS 30 COLONIAL CLUB DRIVE, #100
CITY-ST-ZIP BOYNTON BEACH FL 33435

TITLE ☒ DELETE
NAME DP
CINICOLA, EUGENE
STREET ADDRESS 708 S.E. 2ND AVE, #426
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ DELETE
NAME DS
WALLACE, FAYE
STREET ADDRESS 708 S.E. 2ND AVE, #428
CITY-ST-ZIP DEERFIELD BEACH FL 33441

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME T/P
1.3 STREET ADDRESS Angela Isom
14 CITY-ST-ZIP 708 SE 2nd Ave #414
Deerfield Bch, FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME P/D
2.3 STREET ADDRESS Elizabeth Jimenez
2.4 CITY-ST-ZIP 708 SE 2nd Ave #426
Deerfield Bch, FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Elizabeth Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99

CR2E037 (1/98)