
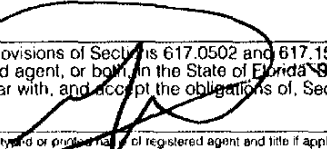
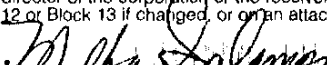


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>748916</b> (4) 1. Corporation Name <b>BROOKFIELD GARDENS NORTH NO. 2 ASSOCIATION, INC.</b>			
Principal Place of Business <del>704 SE 2ND AVE. PO BOX 561 DEERFIELD BEACH FL 33443-0561</del>		Mailing Address <del>704 SE 2ND AVE. PO BOX 561 DEERFIELD BEACH FL 33443-0561</del>	
2. Principal Place of Business 21 <b>23133 State Rd 7</b> Suite, Apt. #, etc. 22 <b>Suite 350A</b> City & State 23 <b>Boca Raton FL</b> Zip 24 <b>33428</b>		2a. Mailing Address 26 <b>PO Box 97-0069</b> Suite, Apt. #, etc. 27 City & State 28 <b>Boca Raton FL</b> Zip 29 <b>33497-0069</b>	
3. Date Incorporated or Qualified <b>09/14/1979</b>		3a. Date of Last Report <b>03/29/1996</b>	
4. FEI Number <b>59-2167082</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>SALAMONE, MRS. MELBA 704 SE 2ND AVE. #447 DEERFIELD BEACH FL 33441</b>		10. Name and Address of New Registered Agent 81 Name <b>Gary Palombi, RMC</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>23133 State Rd 7</b> 83 <b>Suite 350A</b> 84 City <b>Boca Raton</b> <b>FL</b> 85 Zip Code <b>33428</b>	
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 		Gary Palombi <b>4/24/97</b> (NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>80</del> <b>Koushakgi, Joseph</b> <b>704 SE 2ND AVE. #447</b> <b>DEERFIELD BCH FL</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>DVP</b> <b>Koushakgi, Joseph</b> <b>1694 SW 19th Ave</b> <b>Deerfield Beach, FL 33442</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TPD</b> <b>SALAMONE, MELBA</b> <b>704 SE 2ND AVE. #447</b> <b>DEERFIELD BCH FL</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>TPD</b> <b>Salamone, Melba</b> <b>1694 SW 19th Ave</b> <b>Deerfield Beach, FL 33442</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>VD</del> <b>PRESTON, ROBERT,</b> <b>704 SE 2ND AVE. #342</b> <b>DEERFIELD BCH FL</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>S/D</b> <b>DARCY BRUCE</b> <b>704 S.E. 2ND AVE., # 344</b> <b>DEERFIELD BEACH, FL 33441</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETED	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETED	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETED	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
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.			
SIGNATURE:  <b>Melba Salamone</b> <b>4/24/97</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)