

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748916

1. Entity Name

BROOKFIELD GARDENS NORTH NO. 2 ASSOCIATION, INC.

LN

Principal Place of Business

22123 STATE RD 7
STE 350A
BOCA RATON FL 33428
US

Mailing Address

PO BOX 97-0069
~~22123 STATE RD 7~~
BOCA RATON FL 33497-0069
US

2. Principal Place of Business

4350 NW 19th Ave
Suite C
Pompano Beach FL
33064 US

3. Mailing Address

Suite, Apt. #, etc.
City & State

4. FEI Number 59-2167082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PALOMBI, GARY RMC
23123 STATE RD 7
STE 350A
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name GARY Palombi
Street Address (P.O. Box Number is Not Acceptable)
4350 NW 19th Ave
City Pompano Beach FL 33064

8. 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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO KOUSHAKGI, JOSEPH 1894 SW 19TH AVE DEERFIELD BCH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAMONE, MELBA 1894 SW 19TH AVE DEERFIELD BCH FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MACNAUGHTON, RAY 704 SE 2ND AVE #344 DEERFIELD BEACH FL 33441	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Melba Koushaki PD	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP Alma Hathaway 202 SE 2nd Ave Deerfield Bch FL 33441	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rick LaRock 202 SE 2nd Ave Deerfield Bch FL 33441	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SEE ATTACHED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Officer or Director

FILED
Aug 31, 2001 8:00 am
Secretary of State

04-23-2001 90108 031 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748916 1. Entity Name BROOKFIELD GARDENS NORTH NO. 2 ASSOCIATION, INC.				4/16 Mailed signed return 11706 attachment DO NOT WRITE IN THIS SPACE			
Principal Place of Business Mailing Address PO BOX 97-0069 BOCA RATON FL 33497-0069 US		2. Principal Place of Business 4350 NW 19th Ave Suite, Apt. #, etc. Ste C				3. Mailing Address Suite, Apt. #, etc.	
City & State Temple Terrace FL		City & State				4. FEI Number 59-2167082	
Zip 33064 Country DECEMBER		Zip Country				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALOMBI GARY RMC 4350 NW 19th Ave Temple Terrace FL 33064				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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 _____ (NOTE: Registered Agent signature required when releasing) Signature: typed or printed name of registered agent and title if applicable. DATE							
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees			
Make Check Payable to Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO KOUSHAKGI, JOSEPH 1894 SW 19TH AVE DEERFIELD BCH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TREASURER MELISA KOUSHAKGI 1694 SW 19th Ave DEERFIELD BCH FL 33442	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALAMONE, MELBA 1894 SW 19TH AVE DEERFIELD BCH FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALMA HATHAWAY 702 SE 2nd Ave DEERFIELD BCH FL 33441	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MACNAUGHTON, RAY 704 SE 2ND AVE #344 DEERFIELD BEACH FL 33441	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KIRK LAROCK 702 SE 2nd Ave DEERFIELD BCH FL 33441	☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition		

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SIGNATURE: Melisa R Koushaki President 4-12-01 9544384543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 11700
#748914

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK. HOLD AT AN ANGLE TO VIEW.

KISLAK NATIONAL BANK 63-795/670
PLANTATION, FL 33322

535470

BROOKFIELD GARDENS N CONDO #2
% RESIDENTIAL MGMT CONCEPTS
PO BOX 97-0069
BOCA RATON, FL 33497-0069

CHECK NO. CHECK DATE VENDOR NO.
001141 04/11/01 DOS

CHECK AMOUNT
SIXTY-ONE AND 25/100 DOLLARS*****61.25

PAY TO THE ORDER OF DEPARTMENT OF STATE
DIV OF CORPS, UBR FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302

Mulla R Koushalgi
AUTHORIZED SIGNATURE

00000006125

Attachment
748910

11700

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1009068796

APR 23 2001

YOUR ENDORSEMENT IN THE ABOVE AREA ONLY
DO NOT SIGN, WRITE OR STAMP BELOW THIS LINE
FOR DEPOSITARY BANK USE ONLY

0660000109
0302680003
0302680003

04-01

D-20010425 T-0000000000 R-001 B-004 P-000

BANK OF AMERICA, NA JAX
40630000474 E7057 SB P27
04/24/01

6740501498

SUBSEQUENT CREDITING BANK USE ONLY