

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90450 036 ****61.25

DOCUMENT # 748916

1. Entity Name

BROOKFIELD GARDENS NORTH NO. 2 ASSOCIATION, INC.



Principal Place of Business

4350 NW 19TH AVE
SUITE C
POMPANO BEACH FL 33064
US

Mailing Address

PO BOX 97-0069
BOCA RATON FL 33497-0069
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

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
4350 NW 19TH AVE
POMPANO BEACH 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KOUSHAKGI, MELBA
STREET ADDRESS 1694 SW 19TH AVE
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☒ Delete

TITLE T
NAME ZAVITZ, CLARENCE
STREET ADDRESS 704 SE 2ND AVE. #345
CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☒ Delete

TITLE VTS
NAME SANTOS, VIVALDO
STREET ADDRESS 704 SE 2ND AVE. #442
CITY-ST-ZIP 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 P SCOTT Kabeo
NAME 704 SE 2nd Ave
STREET ADDRESS Deerfield Beach FL 33441
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D GARY Palombi
NAME 4350 NW 19th Ave
STREET ADDRESS Pompano Bch FL 33064
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE D MARIE Palombi
NAME 4350 NW 19th Ave
STREET ADDRESS Pompano Bch FL 33064
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #