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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21560

1. Corporation Name
BROOK HAVEN OF BOCA RATON PROPERTY OWNERS ASSOCIATION, INC.

120131 - 90001 - 14



Principal Place of Business 5600 SANTIAGO CIRCLE BOCA RATON FL 33433	Mailing Address 7686 WILES ROAD CORAL SPRINGS FL 33067
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/14/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0040417
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CONSOLIDATED COMMUNITY MANAGEMENT, INC.
7686 WILES ROAD
CORAL SPRINGS FL 33067

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUSSELL, WM.	
STREET ADDRESS	5642 SANTIAGO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DEVENSKY, WALTER	
STREET ADDRESS	5668 SANTIAGO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREEDMAN, JOAN	
STREET ADDRESS	5648 SANTIAGO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, ROBERT	
STREET ADDRESS	5648 SANTIAGO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRODSKY, NORMA	
STREET ADDRESS	5690 SANTIAGO CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Russell	
1.3 STREET ADDRESS	5642 SANTIAGO Circle	
1.4 CITY-ST-ZIP	Boca Raton, FL 33433	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert Couency	
2.3 STREET ADDRESS	5644 SANTIAGO Circle	
2.4 CITY-ST-ZIP	Boca Raton, FL 33433	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jimi Ross	
3.3 STREET ADDRESS	5666 SANTIAGO Circle	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PAUL GLUCANICZ	
4.3 STREET ADDRESS	5700 SANTIAGO Circle	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ANN WILLIM	
5.3 STREET ADDRESS	5706 SANTIAGO Circle	
5.4 CITY-ST-ZIP	Boca Raton, FL 33433	
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 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: _____ **SIGNATURE REQUIRED** 1/25/99 561 394-3512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)