

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthern
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 5:28'

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36/76

1. Corporation Name

BROOKSIDE VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
Jan. 19, 1990

3a. Date of Last Report
May 1, 1994

4. FEI Number
65-0179156

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
Systems
C/o Alliance Property
7101 W. Commercial Blvd.
Suite, Apt. #, etc.

2a. City, State, and Zip
Systems
C/o Alliance Property
7101 W. Commercial Blvd.
Suite, Apt. #, etc.

22. City & State
4-A
City & State

27. City & State
4-A
City & State

23. City & State
Ft. Lauderdale, FL
City & State

28. City & State
Ft. Lauderdale, FL
City & State

24. Zip
33319

25. County
Broward

29. Zip
33319

30. County
Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

Francine Stone

82. Street Address (P.O. Box Number is Not Acceptable)

4821 N.W. 103 Way

83.

84. City

Coral Springs

FL

85. Zip Code

33076

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0502, Florida Statutes.

SIGNATURE

Francine Stone

Francine Stone

4/22/95

(Signature, typed or printed name of registered agent, and date of application)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	Francine Stone
STREET ADDRESS	4821 N.W. 103 Way
CITY, ST, ZIP	Coral Springs, FL 33076
TITLE	VD
NAME	Barry Kletter
STREET ADDRESS	10300 N.W. 48 Court
CITY, ST, ZIP	Coral Springs, FL 33076
TITLE	TD
NAME	Rochelle Zenchyk
STREET ADDRESS	4842 N.W. 103 Drive
CITY, ST, ZIP	Coral Springs, FL 33076
TITLE	SD
NAME	Deborah Appel
STREET ADDRESS	10344 N.W. 48 Court
CITY, ST, ZIP	Coral Springs, FL 33076
TITLE	D
NAME	Barry Aaron
STREET ADDRESS	4862 N.W. 103 Drive
CITY, ST, ZIP	Coral Springs, FL 33076
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	30000 1473493
24 CITY, ST, ZIP	-05/03/95--01108--005
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	****130.00 ****130.00
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☒ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Francine Stone

Francine Stone

4/22/95

305-345-5731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #