FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N36176** **(8)**

1. Corporation Name

THE BROOKSIDE ISLE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O ALLIANCE PROPERTY SYSTEMS 7101 W COMMERCIAL BLVD 4-A FT LAUDERDALE FL 33319 US	C/O ALLIANCE PROPERTY SYSTEMS 7101 W COMMERCIAL BLVD 4-A FT LAUDERDALE FL 33319 US

3. Date Incorporated or Qualified: **01/19/1990**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22: / 27:
City & State — 23: / 28:
Zip — 24: / Country — 25: / Zip — 29: / Country — 30:

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

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

9. Name and Address of Current Registered Agent

STONE, FRANCINE
4821 NW 103 WAY
CORAL SPRINGS FL 33076

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: Francine Stone Francine Stone, President 01-23-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STONE, FRANCINE		1.2 NAME		
STREET ADDRESS	4821 N.W. 103 WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KLETTER, BARRY K		2.2 NAME		
STREET ADDRESS	10300 N.W. 48 CT.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZENCHYK, ROCHELLE		3.2 NAME		
STREET ADDRESS	4842 N.W. 103 DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	APPEL, DEBORAH		4.2 NAME	Judith Katz	
STREET ADDRESS	10344 N.W. 48TH CT.		4.3 STREET ADDRESS	4834 NW 103 Drive	
CITY-ST-ZIP	CORAL SPRINGS FL 33076		4.4 CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AARON, BARRY		5.2 NAME		
STREET ADDRESS	4862 NW 103 DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 01-23-96 954-345-5731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #