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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36176

1. Corporation Name

THE BROOKSIDE ISLE ASSOCIATION, INC.

* 4 6 5 4 7 8 *
465478 - 90042 - 41

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

2. Principal Place of Business 21	2a. Mailing Address 26 PO Box 26478	3. Date Incorporated or Qualifed 01/19/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0179156 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Fort Lauderdale FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33320-6478 Country 30 Broward	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ZENCHYK, ROCHELLE
4842 NW 103 DR
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name: ALLIANCE PROPERTY SYSTEMS
82 Street Address (P.O. Box Number is Not Acceptable): 7101 W COMMERCIAL BLVD 4-A
83
84 City: FORT LAUDERDALE FL 85 Zip Code: 33319

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 Jeanne Tiisler, Mgr Jeanne Tiisler Property Mgr 4-19-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☒ Addition
TITLE	D		1.1 TITLE	D	
NAME	BROWN, HOWARD		1.2 NAME	Cary Blumenthal	
STREET ADDRESS	4856 NW 103 WY		1.3 STREET ADDRESS	4872 NW 103 Dr	
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CITY-ST-ZIP	Coral Springs FL 33076	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LEONARD BLUMBERG		2.2 NAME		
STREET ADDRESS	4802 NW 102ND AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		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		☐ Change ☐ Addition
NAME	KATZ, JUDITH		4.2 NAME		
STREET ADDRESS	4834 N.W. 103RD DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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 (11/98)

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: Rochelle Zenchyk **SIGNATURE REQUIRED** Rochelle Zenchyk 4/22/99 954 346-0234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #