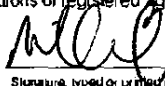
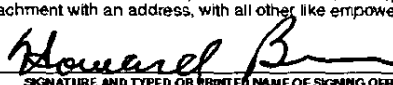


FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90107 044 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36176			
1. Entity Name THE BROOKSIDE ISLE ASSOCIATION, INC.			
Principal Place of Business C/O ALLIANCE PROPERTY SYSTEMS 7101 W COMMERCIAL BLVD 4-A FT LAUDERDALE, FL 33319 US		Mailing Address C/O ALLIANCE PROPERTY SYSTEMS 7101 W COMMERCIAL BLVD 4-A FT LAUDERDALE, FL 33319 US	
2. Principal Place of Business		3. Mailing Address PO BOX 26478	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State TAMARAC FL	
Zip	Country	Zip	Country
33320-6478		Broward	
4. FEI Number 65-0179156		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ZENCHYK, ROCHELLE 7101 W COMMERCIAL BLVD 4-A FORT LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent Name Bakalar, Brown & Chadrow Street Address (P.O. Box Number is not Acceptable) 150 S. Pine Island Road # 540 City Plantation FL Zip Code 33324	
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  MICHAEL S. CHADROW, ESQ. FOR BAKALAR, BROWN & CHADROW, P.A. DATE 5-30-03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)			
FILE NOW: FEE IS \$61.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, HOWARD 4856 NW 103 WY CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEJESUS, SANDRA 10209 NW 48 MANOR CORAL SPRINGS, FL 33096 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ZENCHYK, ROCHELLE 4842 N.W. 103 DR. CORAL SPRINGS, FL 33076 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BLUMENTHAL, GARY 4872 NW 103 DR CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRISON, EMILY 10210 NW 48 MANOR CORAL SPRINGS, FL 33076 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

90138804



☐ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)