FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

'95 JAN 23 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752409 (3)

1. Corporation Name

NORTHBROOK VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
114 NORTHBROOK LANE ORMOND BCH FL 32174 US	114 NORTHBROOK LANE ORMOND BCH FL 32174 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2071088 ☐ 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
21 123 Northbrook Lane
22 Suite, Apt. #, etc.
23 City & State: Ormond Beach, FL
24 Zip: 32174 25 Country: U.S.A.

2a. Mailing Address
26 Post Office Box 5071
27 Suite, Apt. #, etc.
28 City & State: Ormond Beach, FL
29 Zip: 32174 30 Country: U.S.A.

9. Name and Address of Current Registered Agent

MCCRAY, ROBERTA
114 NORTHBROOK LANE
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: Donald C. Gaby
82 Street Address (P.O. Box Number Is Not Acceptable)
83 123 Northbrook Lane
84 City: Ormond Beach FL 85 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Donald C. Gaby Donald C. Gaby, president 17 January 1995
(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	D	1.1 TITLE		☒ Change ☐ Addition
NAME	LONGO, JOE	1.2 NAME	PD	
STREET ADDRESS	124 NORTHBROOK LANE	1.3 STREET ADDRESS	Donald C. Gaby	32174
CITY-ST-ZIP	ORMOND BCH FL	1.4 CITY-ST-ZIP	123 Northbrook Lane Ormond Beach, FL	
TITLE	PD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	RICHARDS, WILLIAM	2.2 NAME	Susan M. Foster	
STREET ADDRESS	125 NORTHBROOK LANE	2.3 STREET ADDRESS	151 Northbrook Lane	
CITY-ST-ZIP	ORMOND BCH, FL 00000	2.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	DOWNES, DEBBIE	3.2 NAME	Debbie Downes	
STREET ADDRESS	121 NORTHBROOK LANE	3.3 STREET ADDRESS	121 Northbrook Lane	
CITY-ST-ZIP	ORMOND BCH, FL 00000	3.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	TD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	COMPTON, JEREMY	4.2 NAME	Joe Longo	
STREET ADDRESS	155 NORTHBROOK LANE	4.3 STREET ADDRESS	124 Northbrook Lane	
CITY-ST-ZIP	ORMOND BEACH, FL 00000	4.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MCCRAY, ROBERTA	5.2 NAME	Karen Krinkie	
STREET ADDRESS	114 NORTHBROOK LN	5.3 STREET ADDRESS	153 Northbrook Lane	
CITY-ST-ZIP	ORMOND BEACH FL	5.4 CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		6.1 TITLE	T	☒ Change ☐ Addition
NAME		6.2 NAME	Jack Fazio	
STREET ADDRESS		6.3 STREET ADDRESS	120 Northbrook Lane	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ormond Beach, FL 32174	

DP 1/25

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)(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.

SIGNATURE: Donald C. Gaby Donald C. Gaby 17 January 1995 904-673-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024280