

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 # 752409 (3)
1. Corporation Name
NORTHBROOK VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**123 NORTHBROOK LANE
ORMOND BEACH FL 32174
US**

Mailing Address
**POST OFFICE BOX 5071
ORMOND BEACH FL 32174
US**

3. Date Incorporated or Qualified
05/08/1980

3a. Date of Last Report
01/23/1995

4. FEI Number
59-2071088

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**GABY, DONALD C
123 NORTHBROOK LANE
ORMOND BEACH FL 32174**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GABY, DONALD C. | |
| STREET ADDRESS | 123 NORTHBROOK LANE | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | FOSTER, SUSAN M. | |
| STREET ADDRESS | 151 NORTHBROOK LANE | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | DOWNES, DEBBIE | |
| STREET ADDRESS | 121 NORTHBROOK LANE | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LONGO, JOE | |
| STREET ADDRESS | 124 NORTHBROOK LANE | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MCCRAY, ROBERTA | |
| STREET ADDRESS | 114 NORTHBROOK LN | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | FAZIO, JACK | |
| STREET ADDRESS | 120 NORTHBROOK LANE | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | D Johnson, Harlan |
| 3.3 STREET ADDRESS | 165 Northbrook Lane |
| 3.4 CITY-ST-ZIP | Ormond Beach, FL 32174 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | D temporarily vacant |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 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: *Donald C. Gaby* Donald C. Gaby 17 Jan. 1996 904-673-4883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

CR2E037 (12/95)