

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

123 NORTHBROOK LANE
ORMOND BEACH FL 32174
USPOST OFFICE BOX 5071
ORMOND BEACH FL 32175-5071
US

2. Principal Place of Business

2a. Mailing Address

21 114 Northbrook Ln.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Ormond Beach, FL

28

Zip

Country

Zip

Country

24

32174

25

Volusia

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/08/1980

3a. Date of Last Report

01/25/1996

4. FEI Number

59-2071088

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ NoGABY, DONALD C
123 NORTHBROOK LANE
ORMOND BEACH FL 32174

81 Name

McCray Roberta S.

82 Street Address (P.O. Box Number is Not Acceptable)

114 Northbrook Lane

83

84 City

Ormond Bch.

FL

85 Zip Code

32174

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

Roberta S. McCray

Roberta S. McCray

1/27/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GABY, DONALD C.	
STREET ADDRESS	123 NORTHBROOK LANE	
CITY - ST - ZIP	ORMOND BEACH FL 32174	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FOSTER, SUSAN M.	
STREET ADDRESS	151 NORTHBROOK LANE	
CITY - ST - ZIP	ORMOND BEACH FL 32174	

2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, HARLAN	
STREET ADDRESS	165 NORTHBROOK LANE	
CITY - ST - ZIP	ORMOND BEACH FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCRAY, ROBERTA	
STREET ADDRESS	114 NORTHBROOK LN	
CITY - ST - ZIP	ORMOND BEACH FL 32174	

4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

TITLE	T	<input type="checkbox"/> DELETE
NAME	FAZIO, JACK	
STREET ADDRESS	120 NORTHBROOK LANE	
CITY - ST - ZIP	ORMOND BEACH FL 32174	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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: Roberta S. McCray

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone: 904-677-9279

CR2E037 (9/96)