

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752409** (3)
1. Corporation Name
NORTHBROOK VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 114 NORTHBROOK LN ORMOND BEACH FL 32174 US	Mailing Address POST OFFICE BOX 5071 ORMOND BEACH FL 32174 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 05/08/1980	4. FEI Number 59-2071088	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MCCRAY, ROBERTS 114 NORTHBROOK LN 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 FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	GABY, DONALD C.
STREET ADDRESS	123 NORTHBROOK LANE
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	FOSTER, SUSAN M.
STREET ADDRESS	151 NORTHBROOK LANE
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, HARLAN
STREET ADDRESS	165 NORTHBROOK LANE
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCCRAY, ROBERTA
STREET ADDRESS	114 NORTHBROOK LN
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	FAZIO, JACK
STREET ADDRESS	120 NORTHBROOK LANE
CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 checked="" type="checkbox"/> Addition
2.2 NAME	SECRETARY
2.3 STREET ADDRESS	FRANCES MUSTIN
2.4 CITY-ST-ZIP	110 NORTHBROOK LANE
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	OLD HAMILTON
3.4 CITY-ST-ZIP	137 NORTHBROOK LANE
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TREASURER
5.3 STREET ADDRESS	SUSAN M. FOSTER
5.4 CITY-ST-ZIP	151 NORTHBROOK LANE
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	JOAN MAXWELL
6.4 CITY-ST-ZIP	143 NORTHBROOK LANE
	ORMOND BEACH FL 32174

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.

SIGNATURE: Susan M. Foster **SUSAN FOSTER** 4-98

CR2E037 (1097)