2000	UNIFORM BUSI	ME33 REPU	<u>n '</u>	(UBI	<u>''</u>	Ī	FILI	E D			
DOCUMENT # 752409 1. Entity Name NORTHBROOK VILLAGE HOMEOWNERS' ASSOCIATION, INC.						Apr 07, 2000 8:00 am Secretary of State					
NUHIHE	SHOOK VILLAGE HOMEOWNE	HS' ASSOCIATION, IT	1C.				04-07-2000 90060				
Principal Place of Business Mailing Address											
143 NORTHBROOK LANE ORMOND BEACH FL 32174 US		POST OFFICE BOX 5071 ORMOND BEACH FL 32175-5071 US					na dina kaka dida nalih sehi didak	. Bishi BiBli BiBle Bib	u Plāli lėsi		
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE IN TH	IIS SPACE			
City & State		City & State				4. FEI Number Applied For Not Applicable				}	
Zip	Country	Zip	Cou	ntry -	-	_ 5. Certificate	of Status Desired	\$8.75 Add			
	6. Name and Address of Current F	legistered Agent				7. Name and	Address of New Register	ed Agent]	
				Name	1	ي ما	3]	
· ·					Joe Longo						
MAXWELL, JOAN				Street Address (P.O. Box Number is Not Acceptable)						ĺ	
143 NORTH BROOK LANE										1	
ORMOND	BEACH FL 32174							T Zin Cod		ł	
				CityOr	mor	nd Bea	ch F	Zip Code	74]	
8. The above	e named entity submits this statement for	the purpose of changing its	egistere	d office or	register	ed agent, or bot				1	
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	\cap P						/	′. /		l	
SIGNATURE	tal oran	ω					4/	+ 100			
	Signature, typed or printed name of registered agent a	title if applicable. (NOTE:	Registered	l Agent signatu	re required	when reinstating)	₽ DA¹	re /			
		T								1	
FILE NOW: 9. Election Campaign Fir			Financir	.a _	\$5.0	O May Be	Make Chec	k Payable to		(
	FEE IS \$61.25	Trust Fund Contribu	tion.			l to Fees	Departme	ent of State			
										1	
10.	OFFICERS AND DIR		11.			ADDITIONS/CHA	ANGES TO OFFICERS AND			ا ھ	
TITLE	P	🔀 Delete	TITLE	J	P	`		Change	Addition 🄀	(66/6)	
NAME	MAXWELL, JOAN		NAMI		200		30 ()	_		37 (
STREET ADDRESS	143 NORTHBROOK LANE			ET ADDRESS	131		Brook Lane			8	
CITY-ST-ZIP	ORMOND BEACH FL		4	ST-ZIP	$\underline{O_{c_1}}$	wond A	beach, FC3:		Addition	122	
TITLE	11	Deiete	TITLE	T I	T	1 11	1	Change	Addition	10	
NAME	MUSTIN, F		NAMI		Hav	nela H	ampton	· ·			
STREET ADDRESS CITY-ST-ZIP	110 NORTHBROOK LN	~		ET ADDRESS ST-ZIP	IDY	Nouti	n brook Lar	2174)	
	ORMOND BEACH FL 32174		╂—		$\frac{\partial c}{\partial c}$	weng 1	3each, FL3		C A APPLIA	-	
TITLE	S LEH CHED KATHY	🔼 Delete	TITLE		Ž,		A100	🔀 Change	Addition		
NAME	FULCHER, KATHY		NAM!	ET ADDRESS	Ko.b	erta	McCray brook Lane	1			
STREET ADDRESS CITY-ST-ZIP	106 NORTHBROOK LANE ORMOND BEACH FL 32174			ST-ZIP	114	Noctu	porobe Lanc	スコレフは			
	D		╉╼╌			TIGILAL	Beach, FL	☐ Change	X Addition	┥	
TITLE NAME	MCCRAY, ROBERTA	Delete	TITLE	1	D	60.0	Thompson		Addition		
STREET ADDRESS	114 NORTHBROOK LN			ET ADDRESS	Jen	Morti-	brook Lane	ı		{	
CITY-ST-ZIP	ORMOND BEACH FL 32174			ST-ZIP			beach, FL 3	7174			
	D	DE Delete	THTLE		DIT	T MITOLE	KULLIN JEL J	Change	Addition	1	
TITLE NAME	FOSTER, S M	VE Delete	NAME		MA	IOD, Ky	hortu.	LJ Ollanys	(ASS LOCATION)		
STREET ADDRESS	151 NORTHBROOK LN			ET ADDRESS	17.0	Morth	brook Lane			1	
CITY-ST-ZIP	ORMOND BEACH FL 32174					sond F		2174		1	
	D DEACH FL 32174	(2) Delete	TITLE		D D	DOVICE Y	recon 1100	Change	X Addition	1	
TITLE NAME	LILLEY, JEFF	rtzai ⊓elets	NAM		Car	- ا ام	10.00	(2) Grange	Les roution	1	
STREET ADDRESS	141 NORTHBROOK LANE			ET ADDRESS			ngo Lane			1	
STREET ADDRESS	I IT FROM HIDROUN LAIVE						brook Lane each FL 32				
CITY-ST-ZIP	ORMOND BCH FL 32174		CITY-	SI-ZIP				9 1 7 1 1		1	

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-00 904-676-1753 Date Dayline Phone # #11 Additions/Changes To Officers And Directors in 10

Title: D

Name: Phil Thompson

Address: 109 North brook Lane

Sity-ST-21P: Ormand Beach, FL 32174