

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

03-29-2001 90416 039 \*\*\*\*\*61.25

**DOCUMENT # 752409**

1. Entity Name

**NORTHBROOK VILLAGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

**143 NORTHBROOK LANE  
ORMOND BEACH FL 32174  
US**

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2071088**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LONGO, JOE  
131 NORTHBROOK LANE  
ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Joe Longo*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/26/01**

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LONGO, JOE	
STREET ADDRESS	131 NORTHBROOK LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMPTON, PAMELA	
STREET ADDRESS	104 NORTHBROOK LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCRAY, ROBERTA	
STREET ADDRESS	114 NORTHBROOK LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCRAY, ROBERTA	
STREET ADDRESS	114 NORTHBROOK LN	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOHERTY, MARY	
STREET ADDRESS	187 NORTHBROOK LANE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONGO, CAROL	
STREET ADDRESS	131 NORTHBROOK LANE	
CITY-ST-ZIP	ORMOND BCH FL 32174	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	B D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Thompson	
STREET ADDRESS	165 Northbrook Lane	
CITY-ST-ZIP	Ormond Beach, FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 info empowered.

SIGNATURE:

*Joe Longo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/01**  
Date

Daytime Phone #

CR2E037 (10/00)