

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90005 035 ****61.25

| | | | | | |
|---|------------------------|--|--|--|--|
| DOCUMENT # 752409 1. Entity Name NORTHBROOK VILLAGE HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 131 NORTHBROOK LANE ORMOND BEACH, FL 32174 US | | | Mailing Address POST OFFICE BOX 5071 ORMOND BEACH, FL 32175 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2071088 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| LONGO, JOE 131 NORTHBROOK LANE ORMOND BEACH, FL 32174 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consolidating.) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LONGO, JOE | | NAME | DENISE HELD | |
| STREET ADDRESS | 131 NORTHBROOK LANE | | STREET ADDRESS | 113 NORTH BROOK LANE | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | CITY-ST-ZIP | ORMOND BEACH, FL 32174 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HAMPTON, PAMELA | | NAME | CINDY FENNELL | |
| STREET ADDRESS | 104 NORTHBROOK LANE | | STREET ADDRESS | 119 NORTHBROOK LANE | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | CITY-ST-ZIP | ORMOND BEACH, FL 32174 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MCCRAY, ROBERTA | | NAME | LYNETTE LAWSON | |
| STREET ADDRESS | 114 NORTHBROOK LANE | | STREET ADDRESS | 123 NORTHBROOK LANE | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | CITY-ST-ZIP | ORMOND BEACH, FL 32174 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RICHARDS, BILL | | NAME | BERT J. ZARR | |
| STREET ADDRESS | 125 NORTHBROOK LANE | | STREET ADDRESS | 1549 POPLAR DR | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | CITY-ST-ZIP | ORMOND BEACH FL 32174 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LONGO, CAROL | | NAME | | |
| STREET ADDRESS | 131 NORTHBROOK LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BCH, FL 32174 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOON, NANCY | | NAME | | |
| STREET ADDRESS | 155 NORTHBROOK LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | 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 like empowered. | | | | | |
| SIGNATURE: <i>Joe Longo</i> JOE LONGO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date: <i>1/27/04</i> Daytime Phone #: <i>386-673-7715</i> | | |