## 2003 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 752409**

FILED Mar 05, 2003 Secretary of State

Entity Name: NORTHBROOK VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	HBROOK LAI BEACH, FL 3		US				
Current Mailing Address:				New Mailir	New Mailing Address:		
	ICE BOX 507 BEACH, FL 3		US				
FEI Number:	59-2071088	FEI Nu	mber Applied For()	FEI Number Not Appli	cable ( ) Certificate of S	Status Desired (X)	
Name and	Address of (	Current	Registered Agent:	Name and	Address of New Register	ed Agent:	
	DE HBROOK LAI BEACH, FL 3						
The above in the State		submits	this statement for the po	urpose of changing it	s registered office or registe	ered agent, or both,	
SIGNATUR	E:						
	Electro	nic Signa	ture of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( LONGO, JOE 131 NORTHBR ORMOND BEA			Title: Name: Address: City-St-Zip:	()Change ()Ado	dition	
Title: Name: Address: City-St-Zip:	T ( HAMPTON, PA 104 NORTHBR ORMOND BEA	ROOK LAN		Title: Name: Address: City-St-Zip:	()Change ()Ado	dition	
Title: Name: Address: City-St-Zip:	V ( MCCRAY, ROB 114 NORTHBR ORMOND BEA	ROOK LAN		Title: Name: Address: City-St-Zip:	()Change ()Add	dition	
Title: Name: Address: City-St-Zip:	D ( THOMPSON, J 165 NORTHBR ORMOND BEA	ROOK LAN		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Add RICHARDS, BILL 125 NORTHBROOK LANE ORMOND BEACH, FL 32174	dition	
Title: Name: Address: City-St-Zip:	D ( BARTHOLOME 115 NORTHBR ORMOND BCH	OOK LAN	E	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Add LONGO, CAROL 131 NORTHBROOK LANE ORMOND BCH, FL 32174	dition	
Title: Name: Address: City-St-Zip:	D ( MOON, NANC) 155 NORTHBR ORMOND BEA	ROOK LAN		Title: Name: Address: City-St-Zip:	()Change ()Add	dition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE LONGO P 03/05/2003