

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10469 (7)

1. Corporation Name

EASTBROOK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~15010 GREELEY DR.
TAMPA FL 33625-1957~~

~~15010 GREELEY DR.
TAMPA FL 33625-1957~~

15015 Redcliff Drive
Tampa, FL 33625-1957

15015 Redcliff Drive
Tampa, FL 33625-1957

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified

07/30/1985

3a. Date of Last Report

02/02/1995

4. FEI Number

59-2653337

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~KRAMER, NORMA
14935 REDCLIFF DR.
TAMPA FL 33625~~

Shanta Ramrattan
14908 Greeley Dr.
Tampa, FL 33625

81. Name

Shanta Ramrattan

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

14908 Greeley Drive

83.

Tampa, FL 33625

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 agree to the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Shanta Ramrattan

(NOTE: Registered Agent signature required when reinstating)

DATE

7/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ORRICO, GENE	
STREET ADDRESS	15010 GREELEY DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	RALPH TORRES	
STREET ADDRESS	15015 REDCLIFF DR	
CITY - ST - ZIP	TAMPA FL 33625	
TITLE	VP1	<input checked="" type="checkbox"/> DELETE
NAME	ONRICHMAN, JOHN	
STREET ADDRESS	15010 REDCLIFF DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, NORMA	
STREET ADDRESS	14935 REDCLIFF DR	
CITY - ST - ZIP	TAMPA FL	
TITLE	VP2	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, CINDY	
STREET ADDRESS	14944 REDCLIFF DR.	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD
1.3 STREET ADDRESS	Ralph Torres
1.4 CITY - ST - ZIP	15015 Redcliff Drive
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SD
2.3 STREET ADDRESS	David Partin
2.4 CITY - ST - ZIP	14909 Greeley Dr.
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP2
3.3 STREET ADDRESS	Julio Sanchez
3.4 CITY - ST - ZIP	14911 Greeley Dr.
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD
4.3 STREET ADDRESS	Shanta Ramrattan
4.4 CITY - ST - ZIP	14908 Greeley Dr.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000001910460
6.3 STREET ADDRESS	-08/01/96--01027--006
6.4 CITY - ST - ZIP	***70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Shanta Ramrattan SHANTA RAMRATTAN 6/21/96 (813) 968-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012258

CR2E037 (3/96)