

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: 15015 GREELEY DR. TAMPA FL 33625-1957
 Mailing Address: 15015 GREELEY DR. TAMPA FL 33625-1957
15015 Redcliff Drive Tampa, FL 33625-1957

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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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 City: **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 accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Shanta Ramrattan* DATE: **7/10/96**
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)

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	BURCHMAN JOHN	
STREET ADDRESS	15010 GREELEY DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KRAMER, NORMA	
STREET ADDRESS	14908 REDCLIFF DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP2	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, CINDY	
STREET ADDRESS	14911 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) DATE: **6/21/96 (813) 968-8222**
(Signature and typed or printed name of signing officer or director)

CR2E037 (3/96)