

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0042673

04-11-2002 90006 027 ****61.25

DOCUMENT # N10469

1. Entity Name

EASTBROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% STERLING MANAGEMENT, INC.
 2880 SCHERER DR., SUITE 840
 ST. PETERSBURG FL 33716

% STERLING MANAGEMENT, INC.
 2880 SCHERER DR., SUITE 840
 ST. PETERSBURG FL 33716

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

59-2653337

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRETTA, NELSON
15015 REDCLIFF DR.
TAMPA FL 33625

Name **Ron Cotterill**

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

1505 N. Florida Ave.

City **Tampa**

FL

Zip Code **33602**

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD SCHIRMER, CRAIG**
 STREET ADDRESS **14929 REDCLIFF DR**
 CITY-ST-ZIP **TAMPA FL 33625-1957**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD CLAWSON, BILL**
 STREET ADDRESS **14916 REDCLIFF DR.**
 CITY-ST-ZIP **TAMPA FL 33625-1957**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD SEGAL, MAL**
 STREET ADDRESS **14920 BERELEY DRIVE**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD HOWELL, DIANE**
 STREET ADDRESS **14910 GREELEY DRIVE**
 CITY-ST-ZIP **TAMPA FL 33625**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD BARUCH, RON**
 STREET ADDRESS **15008 REDCLIFF DR.**
 CITY-ST-ZIP **TAMPA FL 33625-1957**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 like empowered.

SIGNATURE:

Craig Schirmer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/02
 Date

29885085
 Daytime Phone #

CR2E037 (9/01)