

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46005** (7)

1. Corporation Name

BROOKFIELD AT ESTANCIA HOMEOWNERS ASSOCIATION, I NC.



Principal Place of Business 2521 STONY BROOK LN CLEARWATER FL 34621 US	Mailing Address 2521 STONY BROOK LN CLEARWATER FL 34621 US
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3. Date Incorporated or Qualified

11/13/1991

4. FEI Number

59-3096188

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AREND, GENE
2521 STONYBROOK LN
CLEARWATER FL 34621**

81 Name

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

83

84 City

FL

85 Zip Code
33761

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

Robert M. Dorek **Robert M. Dorek** **S.A. V.P.** **4/10/98**

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AREND, GENE	
STREET ADDRESS	2521 STONY BROOK LN	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MURRAH, RAY	
STREET ADDRESS	3091 BROOKFIELD LN	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NEWTSON, LOU	
STREET ADDRESS	3007 BROOKFIELD LN	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOWA, TONY	
STREET ADDRESS	2585 NORTHFIELD LN	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WHITEMAN, DON	
STREET ADDRESS	2595 STONY BROOK LN	
CITY - ST - ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOU NEWTSON	
1.3 STREET ADDRESS	3007 Brookfield Lane	
1.4 CITY - ST - ZIP	Clearwater, Fl. 33761	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TONY SOWA	
2.3 STREET ADDRESS	2585 Northfield Lane	
2.4 CITY - ST - ZIP	Clearwater, Fl. 33761	
3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAY MURRAH	
3.3 STREET ADDRESS	3091 Brookfield Lane	
3.4 CITY - ST - ZIP	Clearwater, Fl. 33761	
4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARSHA CURRY	
4.3 STREET ADDRESS	3009 Fieldbrook Pl.	
4.4 CITY - ST - ZIP	Clearwater, Fl. 33761	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRED CLARK	
5.3 STREET ADDRESS	2965 Brookfield Lane	
5.4 CITY - ST - ZIP	Clearwater, Fl. 33761	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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:

Lou Newtson

4/10/98

CR2E037 (10/97)