

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	
15015 GREELEY DR. TAMPA FL 33625-1957		15015 GREELEY DR. TAMPA FL 33625-1957	
15015 Redcliff Drive Tampa, FL 33625-1957		15015 Redcliff Drive Tampa, FL 33625-1957	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Country
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
07/30/1985	02/02/1995
4. FEI Number	Applied For
59-2653337	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> 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		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				14908 Greeley Drive			
				83	City		
				Tampa, FL 33625			
				84	City	85	Zip Code
					FL		

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ORRICO, GENE		1.2 NAME	Ralph Torres			
STREET ADDRESS	15010 GREELEY DR.		1.3 STREET ADDRESS	15015 Redcliff Drive			
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RALPH TORRES		2.2 NAME	David Partin			
STREET ADDRESS	15015 REDCLIFF DR		2.3 STREET ADDRESS	14909 Greeley Dr.			
CITY-ST-ZIP	TAMPA FL 33625		2.4 CITY-ST-ZIP				
TITLE	VP1	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP2	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMURCHMAN JOHN		3.2 NAME	Julio Sanchez			
STREET ADDRESS	15010 REDCLIFF DR.		3.3 STREET ADDRESS	14911 Greeley Dr.			
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KRAMER, NORMA		4.2 NAME	Shanta Ramrattan			
STREET ADDRESS	14908 REDCLIFF DR		4.3 STREET ADDRESS	14908 Greeley Dr.			
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP				
TITLE	VP2	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PARKER, CINDY		5.2 NAME				
STREET ADDRESS	14911 REDCLIFF DR.		5.3 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	000001910460	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME	-08/01/96--01027--006			
STREET ADDRESS			6.3 STREET ADDRESS	***70.00			
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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

CR2E037 (3/96)