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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90040 025 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N10469**

1. Corporation Name

**EASTBROOK HOMEOWNERS' ASSOCIATION, INC.**

17283F - 90040 - 25

Principal Place of Business

15015 REDCLIFF DR.  
 TAMPA FL 33625-1957

Mailing Address

15015 REDCLIFF DR.  
 TAMPA FL 33625-1957



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

07/30/1985

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

9. Name and Address of Current Registered Agent

**TORRETTA, NELSON**  
 15015 REDCLIFF DR.  
 TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name

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

83

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

PD  
 WEEKS, AMY  
 15002 REDCLIFF DR.  
 TAMPA FL 33625-1957

TITLE  DELETE

SD  
 CLAWSON, BILL  
 14916 REDCLIFF DR.  
 TAMPA FL 33625-1957

TITLE  DELETE

VD  
 BRICKNELL, DENNIS  
 14905 REDCLIFF DR.  
 TAMPA FL 33625-1957

TITLE  DELETE

TD  
 TORRETTA, NELSON  
 15015 REDCLIFF DR.  
 TAMPA FL 33625-1957

TITLE  DELETE

VD  
 BARUCK, RON  
 15008 REDCLIFF DR.  
 TAMPA FL 33625-1957

TITLE  DELETE

D  
~~SIBLEY, RAM~~  
~~14930 REDCLIFF DR.~~  
~~TAMPA FL 33625-1957~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Member at Large D  
 Stephen HOCZAK  
 15009 Redcliff Drive  
 TAMPA, FL 33625

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99

813-969-2145

Date

Daytime Phone #

CR2E037 (1/98)