

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	PD	<input type="checkbox"/> Delete
NAME	SCHIRMER, CRAIG	
STREET ADDRESS	14929 REDCLIFF DR	
CITY-ST-ZIP	TAMPA FL 33625-1957	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CLAWSON, BILL	
STREET ADDRESS	14916 REDCLIFF DR.	
CITY-ST-ZIP	TAMPA FL 33625-1957	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEGAL, MAL	
STREET ADDRESS	14920 BERELEY DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOWELL, DIANE	
STREET ADDRESS	14910 GREELEY DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARUCH, RON	
STREET ADDRESS	15008 REDCLIFF DR.	
CITY-ST-ZIP	TAMPA FL 33625-1957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

29885085

Date

Daytime Phone #

CR2E037 (9/01)