

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N10469

FILED
Apr 22, 2003
Secretary of State

Entity Name: EASTBROOK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2653337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, RON
1505 NORTH FLORIDA AVENUE E
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHIRMER, CRAIG
Address: 14929 REDCLIFF DR
City-St-Zip: TAMPA, FL 336251957

Title: SD (X) Delete
Name: CLAWSON, BILL
Address: 14916 REDCLIFF DR.
City-St-Zip: TAMPA, FL 336251957

Title: VD () Delete
Name: SEGAL, MAL
Address: 14920 BERELEY DRIVE
City-St-Zip: TAMPA, FL 33625

Title: TD () Delete
Name: HOWELL, DIANE
Address: 14910 GREELEY DRIVE
City-St-Zip: TAMPA, FL 33625

Title: VD () Delete
Name: BARUCH, RON
Address: 15008 REDCLIFF DR.
City-St-Zip: TAMPA, FL 336251957

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: HOWELL, DIANE
Address: 14910 GREELEY DRIVE
City-St-Zip: TAMPA, FL 33625

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG SCHIRMER

PD

04/22/2003

Electronic Signature of Signing Officer or Director

_____ Date