

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10469

**Entity Name:** EASTBROOK HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 12, 2013**  
**Secretary of State**  
**CC2947600728**

**Current Principal Place of Business:**

4585 140TH AVE N  
SUITE 1012  
CLEARWATER, FL 33762

**Current Mailing Address:**

4585 140TH AVE N  
SUITE 1012  
CLEARWATER, FL 33762

**FEI Number: 59-3747384**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC  
4585 140TH AVE N  
SUITE 1012  
CLEARWATER, FL 33762 US

*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

**Officer/Director Detail :**

Title PD  
Name SCHIRMER, CRAIG  
Address 14929 REDCLIFF DR  
City-State-Zip: TAMPA FL 33625-1957

Title VP  
Name MANDA, JOHN  
Address 14936 REDCLIF DR  
City-State-Zip: TAMPA FL 33625

Title TREASURER  
Name BRAUZER, MITCH  
Address 15020 REDCLIFF DR  
City-State-Zip: TAMPA FL 33625

Title DIRECTOR  
Name SALAMET, ALLEN  
Address 14926 REDCLIFF DR  
City-State-Zip: TAMPA FL 33625

*I hereby 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 all other like empowered.*

**SIGNATURE: CRAIG SCHIRMER**

**PRESIDENT**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date