

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703840

FILED  
Mar 09, 2006  
Secretary of State

**Entity Name:** OVERBROOK GARDENS ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 202  
ENGLEWOOD, FL 34295 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 202  
ENGLEWOOD, FL 342950202 US

**New Mailing Address:**

**FEI Number:** 59-1004934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FROST, LYNN  
1420 OVERBROOK RD  
ENGLEWOOD, FL 34223 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: SD (X) Delete  
Name: YOUKER, JACKIE  
Address: 1888 CREST DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: T ( ) Delete  
Name: AMICK, WALT  
Address: 1966 GREENLAWN DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: M (X) Delete  
Name: RIDDELL, JACKIE  
Address: 1323 LEAWOOD RD  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D (X) Delete  
Name: O'BRIEN, JOAN  
Address: 1949 NEPTUNE DRIVE  
City-St-Zip: ENGLEWOOD, FL 34223

Title: V ( ) Delete  
Name: LEMONDE, KIMBERLY  
Address: 1888 NEPTUNE DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: P ( ) Delete  
Name: FROST, LYNN  
Address: 1420 OVERBROOK RD  
City-St-Zip: ENGLEWOOD, FL 34223

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

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

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 Chapter 119, 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: WALT AMICK

TR

03/09/2006

Electronic Signature of Signing Officer or Director

Date