

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

04-14-2008 90057 050 ****61.25

DOCUMENT # 703840 1. Entity Name OVERBROOK GARDENS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 202 ENGLEWOOD, FL 34295 US			Mailing Address P. O. BOX 202 ENGLEWOOD, FL 34295-0202 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1004934	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FROST, LYNN 1420 OVERBROOK RD ENGLEWOOD, FL 34223				7. Name and Address of new Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T AMICK, WALT 1966 GREENLAWN DR ENGLEWOOD, FL 34223 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T OBRIEN, ROBERT 1949 NEPTUNE DRIVE ENGLEWOOD, FL 34223 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LEMONDE, KIMBERLY 1888 NEPTUNE DR ENGLEWOOD, FL 34223 ☒ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V EBY, MITCH 1500 CREST DRIVE ENGLEWOOD, FL 34223 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FROST, LYNN 1420 OVERBROOK RD ENGLEWOOD, FL 34223 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert J O'Brien</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>05/02/08 941-474-2256</u> Date Daytime Phone #		