

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703840

FILED  
Apr 20, 2009  
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:

1949 NEPTUNE DR.  
ENGLEWOOD, FL 34223 US

## 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:

WHITE, CAROL  
1998 GREENLAWN DR.  
ENGLEWOOD, FL 34223 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: CAROL WHITE

04/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: OBRIEN, ROBERT  
Address: 1949 NEPTUNE DR  
City-St-Zip: ENGLEWOOD, FL 34223

Title: V ( ) Delete  
Name: EBY, MITCH  
Address: 1500 CREST DR  
City-St-Zip: ENGLEWOOD, FL 34223

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition  
Name: MCCULLOCH, LUCY  
Address: 1919 NEPTUNE DR.  
City-St-Zip: ENGLEWOOD, FL 34223

Title: P (X) Change ( ) Addition  
Name: WHITE, CAROL  
Address: 1998 GREENLAWN DR.  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Change (X) Addition  
Name: RIENKS, JACK  
Address: 1921 NEPTUNE DR.  
City-St-Zip: ENGLEWOOD, FL 34233

I hereby certify that the information supplied with this filing does not qualify 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: CAROL WHITE

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date