2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # 752409 1. Entity Name NORTHBROOK VILLAGE HOMEOWNERS' ASSOCIATION, INC.			DN,		<u> </u>	02-05-20	007 90072		
POST OFFICE	e of Business E BOX 5071 ACH, FL 32175 US	Mailing Address POST OFFICE BOX 507 ORMOND BEACH, FL 3			·				
A Dissipate	N. DO COM								
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Suite, Apt.		Suite, Apt. #, etc.				Chg-NP	CR2E03	37 (12/06)	
City & Stat	and Beach, FL	City & State Ocmand B	each Fl		4. FEI Number 59-20710	088		<u> </u>	plied For at Applicable
Zíp 37	174 U.S	3317 <i>5</i>	Country (人 S		5. Certificate of	Status Desire		\$8.75 Add Fee Require	
	B. Name and Address of Current I	Registered Agent	N		7. Name and A	ddress of Ne	w Registered /	Agent	
FERRO, RONALD				Street Address (P.O. Rox Number is Not Acceptable)					
	HBROOK LANE BEACH, FL 32174		Sueet.	Address (i	Futh pu		ane)		
!			City	· MO	nd Be	web.		1 - 6 /	
				Ormand Beach PL 32179					
 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 YORK COLUMN NANCY C.DURHAM 1-31-07 Signature, typed or prighted name of registered agent and title if applicable. (NOTE Registered Agent algustative required when reinstating) DATE									
SIGNATURE .	Signature, typed or prigted name of registered agent a	nd title if applicable. (NOTE	Registered Agent sign	sture required	when reinstating)		DATE	•	
SIGNATURE	Signaple, typed or prighed name of registered agent a Fitting Fee is:\$81.25 Due by May 1, 2007		npaign Financing	sture required	\$5.00 May Be Added to Fees	F	Make check Torida Depart		1
10:	Filing Fee is \$81.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Can Trust Fund C	npaign Financing		\$5.00 May Be		Torida Depart	tment of St	ate 10
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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.

CITY-ST-ZIP

ORMOND BEACH, FL 32174

-31-07 (384)295-2211 SIGNATURE: