## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#752409**

FILED Jan 08, 2008 Secretary of State

Entity Name: NORTHBROOK VILLAGE HOMEOWNERS' ASSOCIATION, INC.

O	nin ain al Placa - C	Duringer.	Name Patronical Pt	of Dusings	
Current P	rincipal Place of	Business:	New Principal Place	e ot Business:	
	HBROOK LN BEACH, FL 3217	4 US			
ORMOND	BEACH, FL 3217	4 03			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
POST OFFICE BOX 5071			4536 S. CLYDE MOR	4536 S. CLYDE MORRIS BLVD	
	BEACH, FL 3217	5 US	PORT ORANGE, FL		
FEI Number:	59-2071088 F	El Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and		ent Registered Agent:	Name and Address	of New Registered Agent:	
,	NANCY C HBROOK LANE				
ORMOND	BEACH, FL 3217	4 US			
	named entity subi of Florida.	mits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUF		Signature of Registered Age	unt	Date	
DFFICERS	S AND DIRECTO	₹\$:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title:	P () Del		Title:	() Change () Addition	
Name: Address:	DURHAM, NANCY C 141 NORTHBROOK		Name: Address:		
City-St-Zip:	ORMOND BEACH, I		City-St-Zip:		
Title:	V () Del	ete	Title:	( ) Change ( ) Addition	
Vame:	JAAP, GREGORY		Name:		
Address:	124 NORTHBROOK		Address:		
City-St-Zip:	ORMOND BEACH, F	-L 321/4	City-St-Zip:		
Title:	S () Del	ete	Title:	() Change () Addition	
Name:	MAIN, PATRICIA 118 NORTHBROOK	LN	Name: Address:		
Address: City-St-Zip:	ORMOND BEACH, F		City-St-Zip:		
Title:	T () Del	ete.	Title:	( ) Change ( ) Addition	
Vame:	FULLER, LISA G		Name:	( ) Shange ( ) / iduition	
Address:	102 NORTHBROOK	LN	Address:		
City-St-Zip:	ORMOND BEACH, F	FL 32174	City-St-Zip:		
Title:	D () Del	ete	Title:	( ) Change ( ) Addition	
Name:	VESCOUI, LIBBY		Name:		
Address:	165 NORTHBROOK		Address:		
City-St-Zip:	ORMOND BCH, FL	32174	City-St-Zip:		

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: JEFFERY H. BLOCKER MGR 01/08/2008