FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:12

DOCUMENT # 763063 (5)

1. Corporation Name
GREENBROOK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3661 MONTCLAIR DR. NEW PORT RICHEY FL 34655	3661 MONTCLAIR DR. NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/30/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2642000 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MARLOWE, RUSSELL G
8514 S R 54
NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	AUBLE, DONALD	1.2 NAME	CHARLES LEAHY	
STREET ADDRESS	8552 BRIDGEWATER DR	1.3 STREET ADDRESS	3633 MONTCLAIR DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VP	2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	LEAHY, CHARLES	2.2 NAME	FRANCES HARDIN	
STREET ADDRESS	3633 MONTCLAIR DR	2.3 STREET ADDRESS	3625 SPRING VALLEY DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	S	3.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	PRINZ, SHARON	3.2 NAME	LEROY CROSSLEY	
STREET ADDRESS	3630 MONTCLAIR DR.	3.3 STREET ADDRESS	3647 SPRING VALLEY DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	4.1 TITLE	ALFONSO ALONSO	☐ Change ☒ Addition
NAME	HARTMAN, HOWARD	4.2 NAME	3825 ERIN BROOK	SGT AT ARMS
STREET ADDRESS	3701 SPG VALLEY DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	5.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	SCHREIBER, ELMER	5.2 NAME	JOSEPH DWYER	
STREET ADDRESS	8708 WHITE SPRINGS DR.	5.3 STREET ADDRESS	3806 TIDEWATER	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	6.1 TITLE	TRUSTEE	☐ Change ☒ Addition
NAME	HARDIN, FRANCES	6.2 NAME	JOSEPH SULIVANI	
STREET ADDRESS	3625 SPG VALLEY DR	6.3 STREET ADDRESS	8703 WOODRIDGE	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	NEW PORT RICHEY FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/12/95 376-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007603