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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **763063**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/30/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2642000 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GREY, FRANK I
HOBBY, ANDERSON & GREY
5709 TIDALWAVE DR
NEW PORT RICHEY FL 34652

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 617.0502 and 617.1508, 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 617.0503, 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	☒ DELETE	1.1 TITLE	P ☐ Change ☑ Addition
NAME	HARDIN, FRANCES		1.2 NAME	DONN Thomas
STREET ADDRESS	3625 SPRING VALLEY DR		1.3 STREET ADDRESS	3846 Tidewater Rd
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY-ST-ZIP	New Port Richey FL 34655
TITLE	VP	☒ DELETE	2.1 TITLE	VP ☐ Change ☑ Addition
NAME	MYLES, VANCE		2.2 NAME	Robert Foxwell
STREET ADDRESS	3747 ERIN BROOK DR		2.3 STREET ADDRESS	8709 White Springs DR
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		2.4 CITY-ST-ZIP	New Port Richey FL 34655
TITLE	S	☐ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	DE FINA, ADA		3.2 NAME	
STREET ADDRESS	3838 TIDEWATER RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		3.4 CITY-ST-ZIP	
TITLE	T	☒ DELETE	4.1 TITLE	T ☐ Change ☑ Addition
NAME	SEEMAN, BEATRICE		4.2 NAME	ARTHUR Mandeville
STREET ADDRESS	3808 SPRING VALLEY DR		4.3 STREET ADDRESS	3734 THORN Bush Lane
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		4.4 CITY-ST-ZIP	New Port Richey FL 34655
TITLE	D	☒ DELETE	5.1 TITLE	D ☐ Change ☑ Addition
NAME	LALLI, MARY		5.2 NAME	HOWARD HARTMAN
STREET ADDRESS	3814 TIDEWATER RD		5.3 STREET ADDRESS	3701 SPRING Valley DR.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		5.4 CITY-ST-ZIP	New Port Richey FL 34655
TITLE	D	☒ DELETE	6.1 TITLE	D ☐ Change ☑ Addition
NAME	DUXBURY, JACK		6.2 NAME	Jake Jacobs
STREET ADDRESS	8653 BRIDGEWATER DR		6.3 STREET ADDRESS	8605 Bridgewater DR.
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		6.4 CITY-ST-ZIP	New Port Richey FL 34655

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: _____ 1/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #