2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90048 027 ****61.25

DOCUMENT # 763063

1. Entity 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 34655-2919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2642000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, DONN 3846 TIDEWATER RS NEW PORT RICHEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DE FINA, ADA 3838 TIDEWATER RD NEW PORT RICHEY, FL 34655	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FOXWELL, ROBERT 8709 WHITE SPRINGS NEW PORT RICHEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRASER, MICHAEL 3703 ERIN BROOK DR. NEW PORT RICHEY	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DE FINA, ADA 3838 TIDEWATER RD NEW PORT RICHEY FL 34655	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARDIN FRANCES 3625 SPRING VALLEY DR. NEW PORT RICHEY, FL 34655	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MANDEVILLE, ARTHUR 3734 THORNBUSH LN NEW PORT RICHEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEEMAN, BEATRICE 3808 SPRING VALLEY DR. NEW PORT RICHEY, FL 34655	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTMAN, HOWARD 3701 SPRING VALLEY DR NEW PORT RICHEY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SGT. AT ARMS PAPAPANOS, ROULA 3741 MONTCLAIR DR. NEW PORT RICHEY, FL. 34655	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBS, JAKE 8605 BRIDGEWATER DR NEW PORT RICHEY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACOBS, DAVID 8610 SWEETBRIER CT. NEW PORT RICHEY, FL 34655	☐ Change ☑ Addition

CR2E037 (9/99)

12. 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 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.

SIGNATURE: BEATRICE SEEMAN Beatrice Seeman Sec 4/1/00 (727)376-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

743043
B0074245

D
ALBURY, CHRIS
8700 WINDMILL DR.
NEW PORT RICHEY, FL 34655

D
PHILLIPS JOHN
8049 WHITE SPRINGS DR.
NEW PORT RICHEY, FL. 34655

D
CLARK, CLARENCE
8552 WINDMILL DR.
NEW PORT RICHEY, FL. 34655

GREENBROOK ESTATES
HOMEOWNERS' ASSOC., INC.
3841 MONTCLAIR DRIVE
NEW PORT RICHEY, FL. 34655

THE ABOVE DIRECTORS ARE NEITHER ADDITIONS NOR CHANGES, BUT ARE STILL IN OFFICE.