

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90092 048 ****61.25

DOCUMENT # 763063

1. Entity Name

GREENBROOK ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**3661 MONTCLAIR DR.
 NEW PORT RICHEY FL 34655**

Mailing Address

**3661 MONTCLAIR DR.
 NEW PORT RICHEY FL 34655**

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

7. Name and Address of New Registered Agent

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

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 **P** ☐ Delete
 NAME **DEFINA, ADA**
 STREET ADDRESS **3838 TIDEWATER RD**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **S** ☐ Change ☒ Addition
 NAME **Witkowski, Diane**
 STREET ADDRESS **8625 Sweet Briar Ct.**
 CITY-ST-ZIP **New Port Richey FL 34655**

TITLE **VP** ☐ Delete
 NAME **FRASER, MICHAEL**
 STREET ADDRESS **3703 ERIN BROOK DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **T** ☐ Change ☒ Addition
 NAME **Kincade, NANCY**
 STREET ADDRESS **8545 Wind Mill DR.**
 CITY-ST-ZIP **New Port Richey FL 34655**

TITLE **S** ☒ Delete
 NAME **HARDIN, FRANCES**
 STREET ADDRESS **3625 SPRING VALLEY DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **S-A-A** ☐ Change ☒ Addition
 NAME **Papapanos, Roula**
 STREET ADDRESS **3741 Montclair DR**
 CITY-ST-ZIP **New Port Richey FL 34655**

TITLE **T** ☒ Delete
 NAME **SEEMAN, BEATRICE**
 STREET ADDRESS **3808 SPRING VALLEY DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **D** ☐ Change ☒ Addition
 NAME **Cheole, LARRY**
 STREET ADDRESS **8615 Sweet Briar Ct.**
 CITY-ST-ZIP **New Port Richey FL 34655**

TITLE **D** ☐ Delete
 NAME **HARTMAN, HOWARD**
 STREET ADDRESS **3701 SPRING VALLEY DR**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Misener, Doug**
 STREET ADDRESS **3613 Spring Valley DR**
 CITY-ST-ZIP **New Port Richey FL 34655**

TITLE **D** ☐ Delete
 NAME **JACOBS, DAVID**
 STREET ADDRESS **8610 SWEETBRIER CT**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Ada Defina* **SIGNATURE REQUIRED** **Ada M. Defina** **1/11/2001** **727-372-2083**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)