

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 09, 2002 8:00 am
Secretary of State

05-09-2002 90068 032 ****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

4. FEI Number

59-2642000

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Donald R. Peyton

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

PEYTON LAW FIRM, P.A.

7317 Little Road

City

New Port Richey

FL

Zip Code

34654

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

Donald R. Peyton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/02

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 **VP** ☒ Change ☐ Addition
NAME **SILVA, JOHN**
STREET ADDRESS **3613 SPRING VALLEY DR.**
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 **S** ☒ Change ☐ Addition
NAME **DIANE WITKOWSKI**
STREET ADDRESS **8615 SWEETBRIAR CT.**
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 **D** ☐ Change ☒ Addition
NAME **CHEOLE, LARRY**
STREET ADDRESS **8615 SWEETBRIAR CT.**
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 **SCRIVANI, JOSEPH**
STREET ADDRESS **8703 WOODBRIDGE DR.**
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 **BRIER, LEANNE JOSEPH**
STREET ADDRESS **8637 WHITE SPRINGS 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 **D** ☐ Change ☒ Addition
NAME **JACOBS HARVEY**
STREET ADDRESS **8405 BRIDGEMAN DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02 (727) 376-1254
Date Daytime Phone #

CR2E037 (9/01)