2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90082 020 ****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

MOORE CR2E037 (11/03)

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

PEYTON, DONALD R
PEYTON LAW FIRM, PA
7317 LITTLE ROAD
NEW PORT RICHEY FL 34654

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP DAVIS, WILLIAM 3706 MONTCLAIR DR NEW PORT RICHEY FL 34655	☐ Delete	S WOLF, MICHELLE 8553 SWEETBRIAR CT. NEW PORT RICHEY, FL 34655	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAMILTON, LAURIE 8648 WINDMILL DR NEW PORT RICHEY FL 34655	■ Delete	D ~~ARONSON~~ ALONSO, AL 3825 ERIN BROOK DR. NEW PORT RICHEY, FL 34655	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CHEOLE, LARRY 8615 SWEETBRIAR CT NEW PORT RICHEY FL 34655	☐ Delete	D CASE, TURAH 3747 ERIN BROOK DR. NEW PORT RICHEY, FL 34655	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SEEMAN, BEATRICE 3808 SPRING VALLEY DRIVE NEW PORT RICHEY FL 34655	☐ Delete	D MILLER, LORI 3738 SPRING VALLEY DR. NEW PORT RICHEY, FL.	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRIER, JOSEPH 8605 BRIDGEWATER DR NEW PORT RICHEY FL 34655	■ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN RAPHORST, JAMES 8634 WOODBRIDGE DR NEW PORT RICHEY FL 34655	☐ Delete		☐ Change ☐ Addition

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 4/23/04 (727)376-1254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #