

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90023 038 \*\*\*\*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

1st MOORE

CR2E037 (10/04)

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

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

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

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  
Due By May 1, 2005**

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 **S** ☒ Delete  
NAME **HULF, MICHELLE**  
STREET ADDRESS **8553 SWEETBRIAR CT**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **President** ☐ Change ☒ Addition  
NAME **Ada De Fina**  
STREET ADDRESS **3838 Tidewater Rd**  
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **S** ☒ Delete  
NAME **SOLAY, ALON**  
STREET ADDRESS **3825 ERIN BROOK DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **Vice President** ☐ Change ☒ Addition  
NAME **Bill Davis**  
STREET ADDRESS **3706 Montclair Dr**  
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **P** ☒ Delete  
NAME **CHEOLE, LARRY**  
STREET ADDRESS **8615 SWEETBRIAR CT**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **Treasurer** ☐ Change ☒ Addition  
NAME **Thomas Bayer**  
STREET ADDRESS **8708 Windmill 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 **Secretary** ☐ Change ☒ Addition  
NAME **Charles Petro**  
STREET ADDRESS **3717 Montclair Dr**  
CITY-ST-ZIP **New Port Richey, FL 34655**

TITLE **D** ☒ Delete  
NAME **CASE, TURAH**  
STREET ADDRESS **3747 ERIN BROOK DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

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

TITLE **D** ☒ Delete  
NAME **VAN RAPHORST, JAMES**  
STREET ADDRESS **8634 WOODBRIDGE DR**  
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 19.07(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:

**Thomas Bayer III, Treasurer**

**3/31/05**

**813-748-8307**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #