

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90180 040 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04062007 Chg-NP CR2E037 (12/06)	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	OLDS, ARTHUR		NAME	OLDS, ARTHUR	
STREET ADDRESS	8702 WOODBRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MILLER, MICHELLE		NAME		
STREET ADDRESS	8701 WHITE SPRINGS DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	SEEMAN, BEATRICE		NAME	DANEY, JACKIE	
STREET ADDRESS	3808 SPRING VALLEY DR		STREET ADDRESS	3607 MONTCLAIR DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PT RICHEY FL 34655	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PETRO, CHARLES		NAME		
STREET ADDRESS	3717 MONTCLAIR DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DENNISON, NANCY		NAME		
STREET ADDRESS	8545 WOODBRIDGE DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	HAMILTON, LAURIE		NAME	RICCI, DIANE	
STREET ADDRESS	8678 WINDMILL DR		STREET ADDRESS	8423 TINKER RD	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Arthur F. Olds</i> ARTHUR F. OLDS, PRES 3/22/07 727-376-1691 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

ATTACHMENT

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Additional page

Title	D
Name	Diane Witkowski
Street Address	8625 Sweetbriar Ct
City-St-ZIP	New Port Richey Fl 34655

Title	D
Name	Diane Ricci
Street Address	8423 Tinker Road
City-St-ZIP	New Port Richey Fl 34655

Title	D
Name	Paul Brennan
Street Address	8615 Woodbridge Drive
City-St-ZIP	New Port Richey Fl 34655