

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90063 005 \*\*\*\*61.25

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03022005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N01000005707</b> 1. Entity Name NORTHBROOK OWNER'S ASSOCIATION, INC.					
Principal Place of Business 1633 E. VINE ST., STE 110 KISSIMMEE, FL 34744				Mailing Address 1633 E. VINE ST., STE 110 KISSIMMEE, FL 34744	
2. Principal Place of Business 4003 Hartley Road Suite, Apt. #, etc.		3. Mailing Address 4003 Hartley Rd Suite, Apt. #, etc.		4. FEI Number 71-0866196 Applied For <input type="checkbox"/> Not Applicable	
City & State Jacksonville, Florida		City & State Jacksonville, Florida			
Zip 32257		Country Duval			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent NEAL, DEBRA 2298 NETTLEBROOK ST. S JACKSONVILLE, FL 32218 <span style="font-size: 2em; margin-left: 10px;">Delete</span>	
7. Name and Address of New Registered Agent Name Signature Realty & Management / BRYAN SANTRELL Street Address (P.O. Box Number is Not Acceptable) 4003 Hartley Road City Jacksonville FL Zip Code 32257					
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 3/9/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MERVIN, AARON 2244 NETTLEBROOK STREET N. JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOKES, KENNETH 11319 NETTLEBROOK ST. S. JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELORON, SYLVIA 2286 NETTLEBROOK ST. S. JACKSONVILLE, FL 32218 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Sylvia Eloron 2286 Nettlebrook St S Jacksonville, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/8/05 904-766-3645 <small>Daytime Phone *</small>	