

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 03, 2007 8:00 am
Secretary of State

08-03-2007 90019 015 ****61.25

DOCUMENT # N01000006827

1. Entity Name
**GLENBROOK HOMEOWNERS ASSOCIATION OF LAKE
COUNTY, INC.**



Principal Place of Business
**650 S. CENTRAL AVE., STE. 1000
OVIEDO, FL 32765**

Mailing Address
**650 S. CENTRAL AVE., STE. 1000
OVIEDO, FL 32765**



2. Principal Place of Business - No P.O. Box #
1801 Cook Avenue
Suite, Apt. #, etc.

3. Mailing Address
1801 Cook Avenue
Suite, Apt. #, etc.

05042007 Chg-NP CR2E037 (12/06)

City & State
Orlando Florida
Zip Country
32806 Orange

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Orlando, Florida
Zip Country
32806 Orange

4. FEI Number
26-0024554 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**EPM SERVICES
165 WEST STATE ROAD 434
WINTER SPRINGS, FL 32708**

7. Name and Address of New Registered Agent
Name
Steven D Asher
Street Address (P.O. Box Number is Not Acceptable)
1801 Cook Avenue
City
Orlando FL Zip Code
32806

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

**Filing Fee is \$61.25
Due by September 14, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWBERRY, CAROLE 16 WESTWATER WAY BLVD PIDOST OXON, UK oah 75r <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASULLA, GRAHAM 13 KITSMEAD CAPTHORNE W BUSSE UNITED KINGDOM, rh10 3pn <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, NIGEL 16726 HIDDEN SPRINGS DR CLERMONT, FL 34714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASTERNAK, JACK 27 CORTLAND LN SEWELL, NJ 08080 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBIHNS, BRIAN 1 OWLTHORPE CLOSE, MOSBOROUGH SHEFFIELD, ENGLAND, 530 5jt <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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 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: **Carole Newberry**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/07 **863-419-9999**
Date Daytime Phone #