

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006827

FILED  
Apr 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

C/O MID-FLORIDA PROPERTY PROFESSIONALS  
518 SUMMER PLACE LOOP  
CLERMONT, FL 34714

**New Principal Place of Business:**

C/O MID-FLORIDA PROPERTY PROFESSIONALS  
3104 SAND MINE RD  
DAVENPORT, FL 33897

**Current Mailing Address:**

C/O MID-FLORIDA PROPERTY PROFESSIONALS  
518 SUMMER PLACE LOOP  
CLERMONT, FL 34714

**New Mailing Address:**

C/O MID-FLORIDA PROPERTY PROFESSIONALS  
3104 SAND MINE RD  
DAVENPORT, FL 33897

**FEI Number:** 26-0024554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MID-FLORIDA PROPERTY PROFESSIONALS, INC.  
518 SUMMER PLACE LOOP  
CLERMONT, FL 34714 US

**Name and Address of New Registered Agent:**

MID-FLORIDA PROPERTY PROFESSIONALS, INC.  
3104 SAND MINE RD  
DAVENPORT, FL 33897 US

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.

SIGNATURE: DEANA M HAMILL

04/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NEWBERRY, CAROLE  
Address: 16 WESTWATER WAY BLVD PIDOST  
City-St-Zip: OXON, UK OAH 75R

Title: T ( ) Delete  
Name: CASELLA, GRAHAM  
Address: 13 KITSMEAD CAPTHORNE W BUSSE  
City-St-Zip: UNITED KINGDOM, UK RH103PN

Title: D ( ) Delete  
Name: TAYLOR, NIGEL  
Address: 49 KESWICK DRIVE  
City-St-Zip: LIGHTWATER, UK GU18 5XE

Title: D ( ) Delete  
Name: STORR, JAMES  
Address: 16640 FRESH MEADOW DRIVE  
City-St-Zip: CLERMONT, FL 34714

Title: S ( ) Delete  
Name: ROBJOHNS, BRIAN  
Address: 1 OWLTHORPE CLOSE, MOSBOROUGH  
City-St-Zip: SHEFFIELD, ENGLAND, UK S30 5JT

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLE NEWBERRY

P

04/03/2009

Electronic Signature of Signing Officer or Director

Date