

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N10469 (7)

1. Corporation Name
EASTBROOK HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
~~15010 GREELEY DR. TAMPA FL 33625-1957~~
15015 Redcliff Drive Tampa, FL 33625-1957

3. Date Incorporated or Qualified **07/30/1985** 3a. Date of Last Report **02/02/1995**
 4. FEI Number **59-2653337** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
~~KRAMER, NORMA
 14935 REDCLIFF DR.
 TAMPA FL 33625~~
**Shanta Ramrattan
 14908 Greeley Dr.
 Tampa, FL 33625**

10. Name and Address of New Registered Agent
 81 Name **Shanta Ramrattan**
 82 Street Address (P.O. Box Number is Not Acceptable) **14908 Greeley Drive**
 83 **Tampa, FL 33625**
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
 SIGNATURE *Shanta Ramrattan* DATE **7/10/96**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | ORRICO, GENE | |
| STREET ADDRESS | 15010 GREELEY DR. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | RALPH TORRES | |
| STREET ADDRESS | 15015 REDCLIFF DR | |
| CITY-ST-ZIP | TAMPA FL 33625 | |
| TITLE | VP1 | <input checked="" type="checkbox"/> DELETE |
| NAME | BURCHMAN, JOHN | |
| STREET ADDRESS | 15010 REDCLIFF DR. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | KRAMER, NORMA | |
| STREET ADDRESS | 14935 REDCLIFF DR | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | VP2 | <input checked="" type="checkbox"/> DELETE |
| NAME | PARKER, CINDY | |
| STREET ADDRESS | 14944 REDCLIFF DR. | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | PD |
| 1.3 STREET ADDRESS | Ralph Torres |
| 1.4 CITY-ST-ZIP | 15015 Redcliff Drive |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | SD |
| 2.3 STREET ADDRESS | David Partin |
| 2.4 CITY-ST-ZIP | 14909 Greeley Dr. |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | VP2 |
| 3.3 STREET ADDRESS | Julio Sanchez |
| 3.4 CITY-ST-ZIP | 14911 Greeley Dr. |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | TD |
| 4.3 STREET ADDRESS | Shanta Ramrattan |
| 4.4 CITY-ST-ZIP | 14908 Greeley Dr. |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 000001910460 |
| 6.3 STREET ADDRESS | -08/01/96--01027--006 |
| 6.4 CITY-ST-ZIP | ***70.00 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
 SIGNATURE: *Shanta Ramrattan* **SHANTA RAMRATTAN** Date **6/21/96** (813) 968-8222
(Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (3/96)