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Jun 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N10469 (7)
1. Corporation Name
EAST BROOK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
15015 REDCLIFF DR. TAMPA, FL 33625 **SAME**

800002547868
-06/04/98--01070--021
***61.25

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

3. Date incorporated or Qualified
07/30/85

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**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

Nelson Torretta
15015 Redcliff Drive
Tampa, FL 33625

*Shanta Ramrattan
14908 Greeley
Tampa, FL
33625*

10. Name and Address of New Registered Agent

Nelson Torretta
Street Address (P.O. Box Number is Not Acceptable)
15015 Redcliff Dr.
City **Tampa** FL **33625**

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: *Nelson Torretta* DATE: **5/17/98**

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

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD Torres, Ralph	<input checked="" type="checkbox"/>
NAME	15015 Redcliff	
STREET ADDRESS	Tampa, FL 33625-1957	
CITY-ST-ZIP		
TITLE	Sec. Partin, David	<input checked="" type="checkbox"/>
NAME	14909 Greeley Dr.	
STREET ADDRESS	Tampa, FL 33625	
CITY-ST-ZIP		
TITLE	VP2 Sanchez, Julio	<input checked="" type="checkbox"/>
NAME	14911 Greeley	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treas. Shanta Ramrattan	<input checked="" type="checkbox"/>
NAME	14908 Greeley	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP1	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Member at Large	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Amy Weeks PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	15002 Redcliff		
1.3 STREET ADDRESS	Tampa, FL 33625-1957		
1.4 CITY-ST-ZIP			
2.1 TITLE	Bill Clawson SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	14916 Redcliff		
2.3 STREET ADDRESS	Tampa, FL 33625		
2.4 CITY-ST-ZIP			
3.1 TITLE	Dennis Bricknell VDI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	14905 Greeley Dr.		
3.3 STREET ADDRESS	Tampa, FL 33625		
3.4 CITY-ST-ZIP			
4.1 TITLE	Nelson Torretta TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	15015 Redcliff		
4.3 STREET ADDRESS	Tampa, FL 33625		
4.4 CITY-ST-ZIP			
5.1 TITLE	Ron Baruck VD2	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	15008 Redcliff		
5.3 STREET ADDRESS	Tampa, FL 33625		
5.4 CITY-ST-ZIP			
6.1 TITLE	MEMBER AT LARGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Pam Sibley		
6.3 STREET ADDRESS	14930 Redcliff		
6.4 CITY-ST-ZIP	Tampa, FL 33625		

14. 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 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: *Amy Weeks* DATE: **5-11-98** DAYTIME PHONE #: **989-2146**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)