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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10469

1. Corporation Name

EASTBROOK HOMEOWNERS' ASSOCIATION, INC.

172835-90040-25

Principal Place of Business

15015 REDCLIFF DR.
TAMPA FL 33625-1957

Mailing Address

15015 REDCLIFF DR.
TAMPA FL 33625-1957



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

07/30/1985

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

9. Name and Address of Current Registered Agent

TORRETTA, NELSON
15015 REDCLIFF DR.
TAMPA FL 33625

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME WEEKS, AMY
STREET ADDRESS 15002 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

TITLE SD DELETE

NAME CLAWSON, BILL
STREET ADDRESS 14916 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

TITLE VD DELETE

NAME BRICKNELL, DENNIS
STREET ADDRESS 14905 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

TITLE TD DELETE

NAME TORRETTA, NELSON
STREET ADDRESS 15015 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

TITLE VD DELETE

NAME BARUCK, RON
STREET ADDRESS 15008 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

TITLE D DELETE

NAME SIBLEY, RAM
STREET ADDRESS 14930 REDCLIFF DR.
CITY-ST-ZIP TAMPA FL 33625-1957

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Member at Large D
Stephen HOCZAK
15009 Redcliff Drive
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99

813-969-2145

Date

Daytime Phone #

CR2E037 (1/98)