

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90001 040 \*\*\*\*61.25

**DOCUMENT # N10469**

1. Entity Name

**EASTBROOK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**15015 REDCLIFF DR.  
TAMPA FL 33625-1957**

**15015 REDCLIFF DR.  
TAMPA FL 33625-1957**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2653337**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TORRETTA, NELSON  
15015 REDCLIFF DR.  
TAMPA FL 33625**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SCHIRMER, CRAIG  
STREET ADDRESS 14929 REDCLIFF DR  
CITY-ST-ZIP TAMPA FL 33625-1957

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE VD ☐ Change ☒ Addition  
NAME MAL SEGAL  
STREET ADDRESS 14920 GREELEY DR.  
CITY-ST-ZIP TAMPA FL 33625

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

TITLE TD ☐ Change ☒ Addition  
NAME DIANE HOWELL  
STREET ADDRESS 14910 GREELEY DR.  
CITY-ST-ZIP TAMPA FL 33625

TITLE VD ☐ Delete  
NAME BARUCH, RON  
STREET ADDRESS 15008 REDCLIFF DR.  
CITY-ST-ZIP TAMPA FL 33625-1957

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME HOCZAK, STEPHEN  
STREET ADDRESS 15009 REDCLIFF DRIVE  
CITY-ST-ZIP TAMPA FL 33625

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: \* SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/24/01 (813) 264-6619**

Date

Daytime Phone #

CR2E037 (10/00)