

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90300 005 \*\*\*\*61.25

**DOCUMENT # N10469**  
 1. Entity Name  
**EASTBROOK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
 % STERLING MANAGEMENT, INC.  
 2880 SCHERER DR., SUITE 840  
 ST. PETERSBURG FL 33716      % STERLING MANAGEMENT, INC.  
 2880 SCHERER DR., SUITE 840  
 ST. PETERSBURG FL 33716



1st MOORE      CR2E037 (10/05)

2. Principal Place of Business      3. Mailing Address  
*2870 Scherer Dr. N.*      *2870 Scherer Dr. N.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*100*      *100*

City & State      City & State  
*St. Petersburg, FL*      *St. Petersburg, FL*

Zip      Country      Zip      Country  
*33716*      *USA*      *33716*      *USA*

4. FEI Number      Applied For  
**59-2653337**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**COTTERILL, RON**  
**1505 NORTH FLORIDA AVENUE E**  
**TAMPA FL 33602**

7. Name and Address of New Registered Agent  
 Name *Ron Cotterill*  
 Street Address (P.O. Box Number is Not Acceptable) *1010 N. Florida Ave*  
 City *Tampa*      FL      Zip Code *33602*

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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE *Ron Cotterill*      DATE *4-13-06*  
Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when reconstituting)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHIRMER, CRAIG	
STREET ADDRESS	14929 REDCLIFF DR	
CITY-ST-ZIP	TAMPA FL 33625-1957	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDELSON, ELLEN	
STREET ADDRESS	15016 GREELY DR	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	D	<input type="checkbox"/> Delete
NAME	BABICEK, RANDY	
STREET ADDRESS	15018 GREELEY DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BARUCH, RON	
STREET ADDRESS	15008 REDCLIFF DR.	
CITY-ST-ZIP	TAMPA FL 33625-1957	
TITLE	T	<input type="checkbox"/> Delete
NAME	TRIM, CONNIE	
STREET ADDRESS	14932 RED CLIFF DRIVE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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]*  
Signature, typed or printed name of signing officer or director