

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10469

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** EASTBROOK HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2870 SCHERER DR N  
#100  
SAINT PETERSBURG, FL 33716

**New Principal Place of Business:**

4585 140TH AVE N  
SUITE 1012  
CLEARWATER, FL 33762

**Current Mailing Address:**

2870 SCHERER DR N  
#100  
SAINT PETERSBURG, FL 33716

**New Mailing Address:**

4585 140TH AVE N  
SUITE 1012  
CLEARWATER, FL 33762

**FEI Number:** 59-3747384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTTERILL, RON  
1010 N FLORIDA AVE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

COMMUNITY MANAGEMENT CONCEPTS, INC  
4585 140TH AVE N  
SUITE 1012  
CLEARWATER, FL 33762 US

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: KIRK BLISS

04/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SCHIRMER, CRAIG  
Address: 14929 REDCLIFF DR  
City-St-Zip: TAMPA, FL 336251957

Title: D  
Name: EDELSON, ELLEN  
Address: 15016 GREELY DR  
City-St-Zip: TAMPA, FL 33625

Title: T  
Name: TRIM, CONNIE  
Address: 14932 RED CLIFF DRIVE  
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG SCHIRMER

PD

04/08/2011

Electronic Signature of Signing Officer or Director

Date