


FILE NOW: FILING FEE IS \$61.25

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90079 048 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N24416

1. Corporation Name

GOLF BROOK NO. 3 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
1260 CREEK ST
WEBSTER NY 14580

Mailing Address
1260 CREEK ST
WEBSTER NY 14580



| | | | | | |
|---|--|-------------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 2801 LONG MEADOW DR. | | 26 1520 10TH AVE NORTH | | 01/20/1988 | |
| Suite, Apt. #, etc. | | 27 SUITE E | | 4. FEI Number | |
| 22 | | 27 | | NOT APPLICABLE | |
| City & State | | City & State | | Applied For | |
| 23 WEST PALM BEACH, FL | | 28 LAKE WORTH, FL | | <input type="checkbox"/> Not Applicable | |
| Zip | | Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 33414 | | 29 33460 | | 6. Election Campaign Financing | |
| Country | | Country | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 25 USA | | 30 USA | | Trust Fund Contribution | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |

CICHANOWICZ, PHILIP J
2741 LONG MEADOW DR
W PALM BEACH FL 33414

81 Name
DR. JERRY SINGER
82 Street Address (P.O. Box Number is Not Acceptable)
2801 LONG MEADOW DR.
83
84 City
WEST PALM BEACH FL 85 Zip Code
33414

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

7/29/99

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | DP <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CICHANOWICZ, PHILIP J | 1.2 NAME | |
| STREET ADDRESS | 2741 LONG MEADOW DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | INTERM PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SINGER, JERRY | 2.2 NAME | D/P |
| STREET ADDRESS | 2801 LONGMEADOW DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | DS <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HINDIN, BRUCE | 3.2 NAME | |
| STREET ADDRESS | 2770 LONG MEADOW DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | W PALM BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME | BARBARA ACKERMAN |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 2801 LONGMEADOW DR. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33414 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | D S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | MICHAEL SCHULTZ |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 2830 LONG MEADOW DR. |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | WEST PALM BEACH, FL 33414 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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] **SIGNATURE REQUIRED**

7/29/99

Date

561 964-0910

Daytime Phone #

CR2E037 (11/98)