

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N46005 (7)

1. Corporation Name
BROOKFIELD AT ESTANCIA HOMEOWNERS ASSOCIATION, INC.

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| Principal Place of Business 2519 PINE COVE LN CLEARWATER FL 34621 | Mailing Address 2519 PINE COVE LN CLEARWATER FL 34621-2568 |
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|---|--|--|--|---|--|
| 2. Principal Place of Business 21 2521 Stony Brook Lane | | 2a. Mailing Address 26 2521 Stony Brook Lane | | 3. Date Incorporated or Qualified 11/13/1991 | 3a. Date of Last Report 02/21/1996 |
| Suite, Apt. #, etc. 22 | | Suite, Apt. #, etc. 27 | | 4. FEI Number 59-3096188 | Applied For Not Applicable |
| City & State 23 Clearwater, FL 34621 | | City & State 28 Clearwater, FL 34621 | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | | Zip 29 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Country 25 | | Country 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|---|--------------------------------|
| 9. Name and Address of Current Registered Agent ORSI, DEBORAH 2519 PINE COVE LANE CLEARWATER FL 34621 | | | | 10. Name and Address of New Registered Agent | |
| | | | | 81 Name Gene Arend | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 2521 Stony Brook Lane | |
| | | | | 83 | |
| | | | | 84 City Clearwater | 85 Zip Code FL 34621 |

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 Gene Arend (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|---|
| TITLE VD | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ORSI, JULIE | | 1.2 NAME Gene Arend | |
| STREET ADDRESS 300L TANGLEWOOD DR. | | 1.3 STREET ADDRESS 2521 Stony Brook Lane | |
| CITY-ST-ZIP CLEARWATER FL | | 1.4 CITY-ST-ZIP Clearwater, FL 34621 | |
| TITLE PD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ORSI, MICHAEL | | 2.2 NAME Ray Murrah | |
| STREET ADDRESS 3001 TANGLEWOOD DR | | 2.3 STREET ADDRESS 3091 Brookfield Lane | |
| CITY-ST-ZIP CLEARWATER FL | | 2.4 CITY-ST-ZIP Clearwater, FL 34621 | |
| TITLE STD | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME ORSI, DEBORAH E. | | 3.2 NAME Lou Newton | |
| STREET ADDRESS 3001 TANGLEWOOD DR | | 3.3 STREET ADDRESS 3007 Brookfield Lane | |
| CITY-ST-ZIP CLEARWATER FL | | 3.4 CITY-ST-ZIP Clearwater, FL 34621 | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 4.2 NAME Tony Sowa | |
| STREET ADDRESS | | 4.3 STREET ADDRESS 2585 Northfield Lane | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP Clearwater, FL 34621 | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME Don Whiteman | |
| STREET ADDRESS | | 5.3 STREET ADDRESS 2595 Stony Brook Lane | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP Clearwater, FL 34621 | |
| 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 do 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.

CR2E037 (9/96)