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**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N46005**

1. Corporation Name

**BROOKFIELD AT ESTANCIA HOMEOWNERS ASSOCIATION, I NC.**

Principal Place of Business

2521 STONY BROOK LN  
 CLEARWATER FL 34621  
 US

Mailing Address

2521 STONY BROOK LN  
 CLEARWATER FL 34621  
 US



2. Principal Place of Business

21 **3010 PEPPERWOOD LANE**

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**11/13/1991**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

4. FEI Number

**59-3096188**

Applied For

Not Applicable

23 City & State

**CLEARWATER FL**

28 City & State

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

24 Zip

**33761**

25 Country

**PINELLAS**

29 Zip

Country

6. Election Campaign Financing  
 Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

AREND, GENE  
 2521 STONYBROOK LN  
 CLEARWATER FL 33761

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME CURRY, MARSHA  
 STREET ADDRESS 3009 FIELDBROOK PL  
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE VP ☒ DELETE

NAME MURRAH, RAY  
 STREET ADDRESS 3091 BROOKFIELD LN  
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE PD ☐ DELETE

NAME NEWTON, LOU  
 STREET ADDRESS 3007 BROOKFIELD LN  
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE VP ☐ DELETE

NAME SOWA, TONY  
 STREET ADDRESS 2585 NORTHFIELD LN  
 CITY-ST-ZIP CLEARWATER FL 33761

TITLE TD ☒ DELETE

NAME WHITEMAN, DON  
 STREET ADDRESS 2595 STONY BROOK LN  
 CITY-ST-ZIP CLEARWATER FL

TITLE TD ☐ DELETE

NAME CLARK, FRED  
 STREET ADDRESS 2965 BROOKFIELD LANE  
 CITY-ST-ZIP CLEARWATER FL 33761

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD

AREND, GENE  
 2521 STONY BROOK LANE  
 CLEARWATER FL 33761

VD

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:

*Gene Arend*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/4/99 (727) 803 3811*  
 Date Daytime Phone #

CR2E037 (11/98)