

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 46005

1. Entity Name

BROOKFIELD AT ESTANCIA Homeowners Association

Principal Place of Business

3010 Pepperwood LA W.  
CLEARWATER FL 33761

Mailing Address

3010 Pepperwood LA W.  
CLEARWATER FL 33761

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3096188

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KATHY SCHAFER  
C/O FLORIDA CENTRAL MANAGEMENT  
430 ESTANCIA BLVD SUITE 114  
CLEARWATER FL 33761

FLORIDA CENTRAL MANAGEMENT, INC  
2430 ESTANCIA BLVD, Suite 114  
CLEARWATER  
City FL Zip Code 33761

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.

SIGNATURE

ROBERT M. NOREK, SR. V.P.

3/24/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	Gene Arend	
STREET ADDRESS	2521 STONY BROOK LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	YPTD	<input type="checkbox"/> Delete
NAME	LOU NEWTON	
STREET ADDRESS	3007 BROOKFIELD LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	TONY SOWA	
STREET ADDRESS	2585 NORTH FIELD LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FRED CLARK	
STREET ADDRESS	2985 BROOKFIELD LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MARSHA CURRY	
STREET ADDRESS	3009 FIELD BROOK LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meredith Timm	
STREET ADDRESS	2562 WEST BROOK LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEVIN CONNOLLY	
STREET ADDRESS	2574 STONY BROOK LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS SMITH	
STREET ADDRESS	2561 WEST BROOK LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEVERLY SCOURTAS	
STREET ADDRESS	3027 BROOKFIELD LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gene Arend Gene Arend

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/00 727-7255844

Daytime Phone #

C0047817

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)