

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46005

1. Entity Name

BROOKFIELD AT ESTANCIA HOMEOWNERS ASSOCIATION, I

Principal Place of Business

3010 PEPPER WOOD LANE
CLEARWATER FL 33761
US

Mailing Address

2521 STONY BROOK LN
CLEARWATER FL 34621
US

2. Principal Place of Business

3010 Pepperwood Ln. West
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Clearwater, FL

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

FLORIDA CENTRAL MANAGEMENT, INC.
2430 ESTANCIA BLVD., SUITE 114
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TIMM, MEREDITH 2562 WESTBROOK LA CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNOLLY, KEVIN 2574 STONY BROOK LA CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, DENNIS 2561 WEST BROOK LA CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCOURTAS, BEVERLY 3027 BROOK FIELD LA CLEARWATER FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / Director KEVIN CONNOLLY 2574 STONY BROOK LANE CLEARWATER FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES. / Director JIM GORANSON 2585 ESTANCIA BLVD. CLEARWATER FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY / Director TERRY FINCH 2515 WESTBROOK CLEARWATER FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER / Director DOUG REID 2585 NORTH FIELD LANE CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVE DANIELSON 2555 NORTH FIELD LANE CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DONALD REID
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

727-726-4745
Date Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90325 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)