

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90024 044 ****61.25

DOCUMENT # N46005

1. Entity Name

BROOKFIELD AT ESTANCIA HOMEOWNERS ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**3010 PEPPERWOOD LANE WEST
 CLEARWATER FL 33761**

**2521 STONY BROOK LN
 CLEARWATER FL 34621
 US**

2. Principal Place of Business

3. Mailing Address

**3010 Pepperwood Lane
 Suite, Apt. #, etc.**

2430 ESTANCIA BLVD

Suite, Apt. #, etc.

SUITE 114

City & State

City & State

Clearwater, Florida

CLEARWATER, FL

Zip

Country

Zip

Country

33761

U S A

33761

USA

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

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

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.

Robert M. Norek-Senior Vice President

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FINCH, TERRY	
STREET ADDRESS	2515 WESTBROOK	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CONNOLLY, KEVIN	
STREET ADDRESS	2574 STONY BROOK LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DENNIS	
STREET ADDRESS	2561 WEST BROOK LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCOURTAS, BEVERLY	
STREET ADDRESS	3027 BROOK FIELD LA	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DANIELSON, DAVE	
STREET ADDRESS	2555 NORTH FIELD LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REID, DOUG	
STREET ADDRESS	2585 NORTH FIELD LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	

TITLE	President / Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOLLY, KEVIN	
STREET ADDRESS	2574 STONY BROOK LANE	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	Vice Pres. / Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORANSON, Jim	
STREET ADDRESS	2585 Estancia Blvd.	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	Secretary / Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVER, Patricia	
STREET ADDRESS	3018 Pepperwood Lane	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	Treasurer / Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, Doug	
STREET ADDRESS	2585 Northfield Lane	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Giles, Rosemary	
STREET ADDRESS	2540 Pine Cove Lane	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSTATTER, FERNANDO	
STREET ADDRESS	2571 Estancia Blvd	
CITY-ST-ZIP	CLEARWATER, FL 33761	

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: DOUGLAS G. REID **2/28/02** **727 726-4745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)