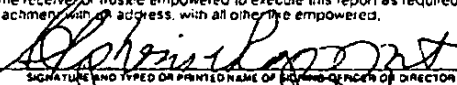


FILED
Apr 18, 2005 8:00 am
Secretary of State

1271

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

01-27-2005 90049 004 ****61.25

DOCUMENT # N93000004494			
1. Entity Name EASTBROOKE COACH HOMES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 953 UNIVERSITY DR. POMPAÑO BEACH, FL 33071 US		Mailing Address INTEGRITY PROPERTY MGT. P.O BOX 8726 CORAL SPRINGS, FL 33075 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITTLE, CYNTHIA G 953 UNIVERSITY DR. POMPAÑO BEACH, FL 33071		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and with applicable (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD RAPPAPORT, STEPHANIE 17050-9 EMILE STREET BOCA RATON, FL 33487 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition RAPPAPORT, STEPHANIE
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD MAXINE, COHEN 17050 EMILE STREET #8 BOCA RATON, FL 33487 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 17060 Emile street #8
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition VP Judy Steinberg 17050 Emile Street, 3 Boca Raton, FL 33487
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete PRES. STEV NAAR 17061-3 EMILE ST. BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete TRES MURRAY KURLAND 17050-5 EMILE ST. BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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 the empowered.			
SIGNATURE:  1/19/05 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR Daytime Phone #			