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Apr 18, 2005 8:00 am
Secretary of State
01-27-2005 90049 004 ****61.25

1/27/

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N93000004494

1. Entity Name
EASTBROOKE COACH HOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
953 UNIVERSITY DR. POMPANO BEACH, FL 33071 US	INTEGRITY PROPERTY MGT. P.O BOX 8726 CORAL SPRINGS, FL 33075 US

66010556

01062005 Chg-NP CR2E037 (10/03)

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 65-0451048 ☐ 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
WHITTLE, CYNTHIA G 953 UNIVERSITY DR. POMPANO 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~RAPPAPORT, STEPHANIE~~ ~~17050 9 EMILE STREET~~ BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Rappaport, Stephanie
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAXINE COHEN 17060 EMILE STREET #8 BOCA RATON, FL 33487	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 17060 Emile Street #8
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Judy Steinberg ☐ Change ☒ Addition 17050 Emile Street, 3 Boca Raton, FL 33487
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES. SILI NAIR 17061-3 EMILE ST. 33487 BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES MURRAY KURLAND 17050-5 EMILE ST. BOCA RATON, FL 33487	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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 like empowered.

SIGNATURE: _____ 1/19/05
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #