



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90060 009 ****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 - No P.O. Box # Emile Street #17050 Suite, Apt. #, etc. Boca Raton, FL 33487 City & State		3. Mailing Address Gator Mgmt. of So. Fl. Suite, Apt. #, etc. 615 Emerald Way East City & State Deerfield Beach, FL			
Zip 33487 Country Palm Beach		Zip 33442 Country Broward		4. FEI Number 65-0451048 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WHITTLE, CYNTHIA G 953 UNIVERSITY DR. POMPAÑO BEACH, FL 33071			7. Name and Address of New Registered Agent Name JEROME M. BIELER Street Address (P.O. Box Number is Not Acceptable) 615 Emerald Way East Deerfield Beach, FL 33442 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 <u>Jerome M. Bieler</u> DATE <u>3/19/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VP STEINBERG, JUDY 17050 EMILE ST 3 DELRAY BEACH, FL 33482 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NAAR, STU 17061 3 EMILE ST BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KURLAND, MURRAY 17050 5 EMILE ST BOCA RATON, FL 33487 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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: <u>Jerome M. Bieler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3/27/08</u> <small>Date</small>		<u>561 998-2791</u> <small>Daytime Phone #</small>