

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14574

**Entity Name:** PENNBROOKE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

501 W STATE RD 44  
LEESBURG, FL 34748

**Current Mailing Address:**

501 W STATE RD 44  
LEESBURG, FL 34748 US

**FEI Number:** 59-2751297

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

IGLESIAS LAW GROUP, P.A.  
15800 PINES BLVD, SUITE 303  
PEMBROKE PINES, FL 33027 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FROMKIN, JULIA  
Address 501 W STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name NORTON, MARILYN  
Address 501 N STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title PRESIDENT  
Name RITTER, RICHARD  
Address 501 N STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name LEVINE, ALAN  
Address 501 N STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name MOORE, DOROTHY  
Address 501 N STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name MCQUILLAN, DENNIS  
Address 501 N STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title SECRETARY  
Name TOY, FLORENCE  
Address 501 N STATE RD 44  
City-State-Zip: LEESBURG FL 34748

Title TREASURER  
Name BOZOTI, DAVID  
Address 501 N STATE RD 44  
City-State-Zip: LEESBURG FL 34748

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RICHARD RITTER**

**PRESIDENT**

**04/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SLEVIN, ROSALIE  
Address        501 N STATE RD 44  
City-State-Zip: LEESBURG FL 34748