

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90113 015 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                                                                                   |                                                                                                                                                                    |                                                          |                                                                       |
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| <b>DOCUMENT # N00000007767</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |                                                                                                   |                                                                                                                                                                    |                                                          |                                                                       |
| <b>1. Entity Name</b><br>BRISBANE ISLE HOMWONERS ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                   |                                                                                                                                                                    |                                                          |                                                                       |
| <b>Principal Place of Business</b><br>1682 W. HIBISCUS BLVD<br>MELBOURNE, FL 32901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                   | <b>Mailing Address</b><br>1682 W. HIBISCUS BLVD<br>MELBOURNE, FL 32901                                                                                             |                                                          |                                                                       |
| <b>2. Principal Place of Business</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                                   | <b>3. Mailing Address</b>                                                                                                                                          |                                                          |                                                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                                   | Suite, Apt. #, etc.                                                                                                                                                |                                                          |                                                                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |                                                                                                   | City & State                                                                                                                                                       |                                                          |                                                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Country                                                                                           |                                                                                                                                                                    | Zip                                                      |                                                                       |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       | Country                                                                                           |                                                                                                                                                                    | 04172006 Chg-NP CR2E037 (11/05)                          |                                                                       |
| <b>4. FEI Number</b><br>59-3687365                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                                   |                                                                                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable   |                                                                       |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                   |                                                                                                                                                                    | <b>\$8.75 Additional Fee Required</b>                    |                                                                       |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                                                                                   | <b>7. Name and Address of New Registered Agent</b>                                                                                                                 |                                                          |                                                                       |
| JELUS, TIMOTHY C<br>1682 W. HIBISCUS BLVD<br>MELBOURNE, FL 32901                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                   | Name <b>BOWER, JOHN C.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br>1682 W. HIBISCUS BLVD<br>City <b>MELBOURNE</b> <b>FL</b> Zip Code <b>32901</b> |                                                          |                                                                       |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                       |                                                                                                   |                                                                                                                                                                    |                                                          |                                                                       |
| SIGNATURE <u>John C. Bower</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       | JOHN C. BOWER, DIRECTOR                                                                           |                                                                                                                                                                    | 4/19/06<br><small>DATE</small>                           |                                                                       |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                    | <b>Make check payable to Florida Department of State</b> |                                                                       |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |                                                                                                   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                       |                                                          |                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D<br>SADOFF, JEREMY<br>1682 W. HIBISCUS BLVD<br>MELBOURNE, FL 32901   | <input type="checkbox"/> Delete                                                                   |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D<br>BOWER, JOHN C<br>1682 W. HIBISCUS BLVD<br>MELBOURNE, FL 32901    | <input type="checkbox"/> Delete                                                                   |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | D<br>CHASIN, ROBERT C<br>1682 W. HIBISCUS BLVD<br>MELBOURNE, FL 32901 | <input checked="" type="checkbox"/> Delete                                                        |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | D<br>HUGHES, OWEN D.<br>1682 W. HIBISCUS BLVD.<br>MELBOURNE, FL 32901 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                 |                                                                                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP           | <input type="checkbox"/> Change <input type="checkbox"/> Addition     |
| <b>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 the empowered.</b> |                                                                       |                                                                                                   |                                                                                                                                                                    |                                                          |                                                                       |
| <b>SIGNATURE:</b> <u>John C. Bower</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | JOHN C BOWER                                                                                      |                                                                                                                                                                    | 4/19/06<br><small>Date</small>                           |                                                                       |
| (321) 953-3300<br><small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                                   |                                                                                                                                                                    |                                                          |                                                                       |