

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90039 016 ****61.25

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1. Entity Name
**OAK HAMMOCK AT THE BROOKS CONDOMINIUM
ASSOCIATION, INC.**

Principal Place of Business
**5801 PELICAN BAY BLVD, STE 600
NAPLES, FL 34108**

Mailing Address
**5801 PELICAN BAY BLVD, STE 600
NAPLES, FL 34108**

60026411



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052007

Chg-NP

CR2E037 (12/06)

4. FEI Number
03-0572659

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

**PEARSON, GARY
27499 RIVERVIEW CENTER BLVD., #131
BONITA SPRINGS, FL 34134**

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, 2007**

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

TITLE T3 ☐ Delete
NAME WATSON, DAVID
STREET ADDRESS 10442 AUTUMN BREEZE DR #202
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE VD ☐ Delete
NAME WAGNER, LISA
STREET ADDRESS P.O. BOX 566515
CITY-ST-ZIP BONITA SPRINGS, FL 34136

TITLE PD ☐ Delete
NAME PEARSON, GARY
STREET ADDRESS 10520 AUTUMN BREEZE DR #102
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE S ☒ Delete
NAME FERNANDEZ, LINDA
STREET ADDRESS 10331 AUTUMN BREEZE DR #201
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE D ☐ Delete
NAME PORTER, MARVIN
STREET ADDRESS 6042 SIMSBURY CT
CITY-ST-ZIP WEST BLOOMFIELD, MI 48322

TITLE D ☐ Delete
NAME KORFHAGE, GLENN
STREET ADDRESS 208 ARROWHEAD DR
CITY-ST-ZIP LAKE JACKSON, TX 77566

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME KATHY WIRTH
STREET ADDRESS 10311 AUTUMN BREEZE DR #102
CITY-ST-ZIP BONITA SPRING FL 34135 ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #