

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90389 022 ****61.25

DOCUMENT # N01000001621					
1. Entity Name SYCAMORE GROVE AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O GULF BREEZE MGMT SERV. 27725 OLD 41., STE. 104 BONITA SPRINGS, FL 34135			Mailing Address C/O GULF BREEZE MGMT SERV. 27725 OLD 41., STE. 104 BONITA SPRINGS, FL 34135		
2. Principal Place of Business 8910 Terrene Court		3. Mailing Address 8910 Terrene Court			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3704893	
6. Name and Address of Current Registered Agent WEIDNER, RALPH % GULF BREEZE MANAGEMENT SERVICES, LLC 27725 OLD 41, SUITE 104 BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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	VD WHITMORE, JERRY 22043 SYCAMORE GROVE BONITA SPRINGS, FL 34135 <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	PD CALDWELL, THOMAS 22020 SYCAMORE GROVE BONITA SPRINGS, FL 34135 <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	D KOVAC, KINGSTON 22044 SYCAMORE GROVE BONITA SPRINGS, FL 34135 <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	D MCWHINNIE, JAMES 22014 SYCAMORE GROVE BONITA SPRINGS, FL 34135 <input checked="" 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	STD KALIL, FARRIS G 22029 SYCAMORE GROVE BONITA SPRINGS, FL 34135 <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:			Thomas Caldwell		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

4-5-06

(239) 498-3591

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