2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N01000001621

Entity Name: SYCAMORE GROVE AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

GULF BREEZE MANAGEMENT SVCS OF FL
8910 TERRENCE CT, SUITE 200
BONITA SPRINGS, FL 34135 US

New Principal Place of Business:

%GULF BREEZE MGMT. SVCS. OF FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

Current Mailing Address:

GULF BREEZE MANAGEMENT SVCS OF FL
8910 TERRENCE CT, SUITE 200
BONITA SPRINGS, FL 34135 US

New Mailing Address:

%GULF BREEZE MGMT. SVCS. OF FL, LLC
8910 TERRENE COURT, SUITE 200
BONITA SPRINGS, FL 34135 US

FEI Number: 59-3704893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEIDNER, RALPH
GULF BREEZE MGMT. SVCS. OF FL
8910 TERRENCE CT., SUITE 200
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

WEIDNER, RALPH
%GULF BREEZE MGMT. SVCS. OF SW FL, LLC
8910 TERRENE CT., SUITE 200
BONITA SPRINGS, FL 34135 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: _____ 04/15/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: WHITMORE, JERRY
Address: 22043 SYCAMORE GROVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD ( ) Delete
Name: CALDWELL, THOMAS
Address: 22020 SYCAMORE GROVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete
Name: KOVAC, KINGSTON
Address: 22044 SYCAMORE GROVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD ( ) Delete
Name: KALIL, FARRIS G
Address: 22029 SYCAMORE GROVE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS A. CALDWELL PRES 04/15/2009
Electronic Signature of Signing Officer or Director — Date