
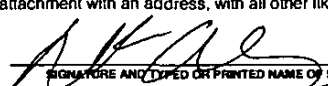


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90185 001 ***61.25

DOCUMENT # N02000001733 1. Entity Name INDIGO ISLE AT THE BROOKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business %GULF BREEZE MGMT. SRVCS. OF SW FL, LLC 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135			Mailing Address %GULF BREEZE MGMT. SRVCS. OF SW FL, LLC 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 45-0472199				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEIDNER, RALPH L GULF BREEZE MGMT. SRVCS. OF SW FL, LLC 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLEMONG, DAVID F		NAME		
STREET ADDRESS	9261 INDIGO COURT #102		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GONGOLA, JR., EDWARD		NAME		
STREET ADDRESS	9261 INDIGO ISLE COURT, #202		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSBORN, CHARLES-SR		NAME		
STREET ADDRESS	9231 INDIGO ISLE COURT, #201		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		David F. Allemong		2/23/05 239-390-2624 <small>Date Daytime Phone # VO</small>	