

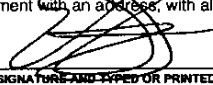


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90010 009 ****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 8910 Terrene Court Suite, Apt. #, etc. Suite 200		3. Mailing Address 8910 Terrene Court Suite, Apt. #, etc. Suite 200		<div style="text-align: right; font-weight: bold; font-size: 1.2em;">ADJUTANT</div> 	
City & State 		City & State 		01062006 Chg-NP CR2E037 (11/05)	
Zip 		Country 		4. FEI Number 45-0472199	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WEIDNER, RALPH L GULF BREEZE MGMT. SRVCS. OF SW FL, LLC 27725 OLD 41, STE 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 <div style="display: flex; justify-content: space-between;"> 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 _____ <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, 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 ALLEMONG, DAVID F 9261 INDIGO COURT #102 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONGOLA, JR., EDWARD 9261 INDIGO ISLE COURT, #202 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD OSBORN, CHARLES SR 9231 INDIGO ISLE COURT, #201 BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Hermes, Rodney 9281 Indigo Isle Court, #201 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Timmons, Karl L. 9291 Indigo Isle Court, #102 Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> 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:  Edward Gongola 2/21/06 498-2628 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					