2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N02000002910

Entity Name: GLENVIEW AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

% BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

% BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 32-0017250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAUBOLT, ROBERT R
BONITA MANAGEMENT GROUP, INC.
26025 CLARKSTON DRIVE
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VARLJEN, LOUIS
Address: 22441 GLENVIEW LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VPD ( ) Delete
Name: PARKER, NEIL
Address: 22521 GLENVIEW LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD ( ) Delete
Name: KOZLICKI, LAURENCE C
Address: 22491 GLENVIEW LANE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: VARLJEN, LOUIS
Address: 22441 GLENVIEW LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD (X) Change ( ) Addition
Name: PARKER, NEIL
Address: 22521 GLENVIEW LANE
City-St-Zip: BONITA SPRINGS, FL 34135

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: NEIL PARKER PD 02/19/2009

Electronic Signature of Signing Officer or Director — Date