

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90055 029 ****61.25

DOCUMENT # N02000005263					
1. Entity Name BRYNWOOD PRESERVE RESIDENTS' ASSOCIATION, INC.					
Principal Place of Business C/O SANDCASTLE COMMUNITY MGMT 1719 TRADE CENTER WAY #4 NAPLES, FL 34109			Mailing Address P.O. BOX 8478 NAPLES, FL 34101		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-4220169	
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		
THOMAS, BRAD C/O SANDCASTLE COMMUNITY MANAGEMENT, INC. 1719 TRADE CENTER WAY #4 NAPLES, FL 34109			Name Street Address (P.O. Box Number is Not Acceptable) 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)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME MOORE, BOB	<input checked="" type="checkbox"/> Delete		TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12950 BRYNWOOD WAY	CITY-ST-ZIP NAPLES, FL 34105		STREET ADDRESS 12903 Brynwood Preserve Lane	CITY-ST-ZIP NAPLES, FL 34105	
TITLE VD	NAME BLACK, NANCY	<input type="checkbox"/> Delete		TITLE VP, Sec. Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12950 BRYNWOOD WAY	CITY-ST-ZIP NAPLES, FL 34105		STREET ADDRESS Black, Nancy	CITY-ST-ZIP 12929 Brynwood Way NAPLES, FL 34105	
TITLE S	NAME COTO, LISA	<input type="checkbox"/> Delete		TITLE Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 12925 BRYNWOOD WAY	CITY-ST-ZIP NAPLES, FL 34105		STREET ADDRESS Coto, Lisa	CITY-ST-ZIP 12925 Brynwood Way NAPLES, FL 34105	
TITLE T	NAME MARQUINA, CANDICE A	<input checked="" type="checkbox"/> Delete		TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 12954 BRYNWOOD WAY	CITY-ST-ZIP NAPLES, FL 34105		STREET ADDRESS Chuck, Wicker	CITY-ST-ZIP 12960 Brynwood Way NAPLES, FL 34105	
TITLE D	NAME STEELE, FREDERICK	<input type="checkbox"/> Delete		TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 12903 BRYNWOOD PRESERVE LANE	CITY-ST-ZIP NAPLES, FL 34105		STREET ADDRESS William Shirkey	CITY-ST-ZIP 13010 Brynwood Way NAPLES, FL 34105	
TITLE 	NAME 	<input type="checkbox"/> Delete		TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: <i>Frederick P. Steele</i>			04/16/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #			Daytime Phone #		