

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90022 044 ****61.25

DOCUMENT # N02000008446

1. Entity Name
**WOODMONT AT THE BROOKS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**INDEPENDENT MANAGEMENT
27499 RIVER VIEW CTR 207
BONITA SPRINGS, FL 34134**

Mailing Address
**INDEPENDENT MANAGEMENT
27499 RIVER VIEW CTR 207
BONITA SPRINGS, FL 34134**



01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1671003

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUEMLER, TIMOTHY J
INDEPENDENT MGMT
27499 RIVERVIEW CNTR BLVD 207
BONITA SPRINGS, FL 34134**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **HICKENS, WAYNE**
STREET ADDRESS **22650 FAIRLAWN CT**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **VP**
NAME **ZIMMERMAN, GARY**
STREET ADDRESS **22661 FAIRLAWN CT**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **ST**
NAME **LECKIE, GLEN**
STREET ADDRESS **10731 WINTERCRESS DR**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **S**
NAME **GEORGIA BYRD**
STREET ADDRESS **22651 FAIRLAWN CT**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **VP**
NAME **DAVID HODDER**
STREET ADDRESS **22660 FAIRLAWN CT**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

TITLE **D**
NAME **JIM DALMISANO**
STREET ADDRESS **10700 WINTERCRESS DR**
CITY-ST-ZIP **BONITA SPRINGS FL 34135**

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan Delgado
Susan Delgado

1/29/07
1/29/07