

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90010 021 ****61.25

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|---|--|---|--|---|--|---|--|------|-----------------------------------|----------|--|------|---------------------------------|------|--|
| 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 | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | | | | | | | |
| City & State | | City & State | | 4. FEI Number 16-1671003 | | | | | | | | | | | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> RUEMLER, TIMOTHY J INDEPENDENT MGMT 27499 RIVERVIEW CNTR BLVD 207 BONITA SPRINGS, FL 34134 </td> <td style="width:50%; padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td style="padding: 2px;">INDEPENDENT MANAGEMENT LLC</td> </tr> <tr> <td style="padding: 2px;">Street A</td> <td style="padding: 2px;">27299 Riverview Center Bl. #102</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Bonita Springs, FL 34134</td> </tr> <tr> <td style="padding: 2px;">Code</td> <td style="padding: 2px;"></td> </tr> </table> </td> </tr> </table> | | | | | | RUEMLER, TIMOTHY J INDEPENDENT MGMT 27499 RIVERVIEW CNTR BLVD 207 BONITA SPRINGS, FL 34134 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td style="padding: 2px;">INDEPENDENT MANAGEMENT LLC</td> </tr> <tr> <td style="padding: 2px;">Street A</td> <td style="padding: 2px;">27299 Riverview Center Bl. #102</td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;">Bonita Springs, FL 34134</td> </tr> <tr> <td style="padding: 2px;">Code</td> <td style="padding: 2px;"></td> </tr> </table> | Name | INDEPENDENT MANAGEMENT LLC | Street A | 27299 Riverview Center Bl. #102 | City | Bonita Springs, FL 34134 | Code | |
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| Name | INDEPENDENT MANAGEMENT LLC | | | | | | | | | | | | | | |
| Street A | 27299 Riverview Center Bl. #102 | | | | | | | | | | | | | | |
| City | Bonita Springs, FL 34134 | | | | | | | | | | | | | | |
| 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 <u><i>[Signature]</i></u> DATE <u>3/5/08</u> <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, 2008 | | 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 | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | |
| NAME | HICKENS, WAYNE | | NAME | | | | | | | | | | | | |
| STREET ADDRESS | 22650 FAIRLAWN CT | | STREET ADDRESS | | | | | | | | | | | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | | CITY-ST-ZIP | | | | | | | | | | | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | |
| NAME | LECKIE, GLEN | | NAME | | | | | | | | | | | | |
| STREET ADDRESS | 10731 WINTERCRESS DR | | STREET ADDRESS | | | | | | | | | | | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | | CITY-ST-ZIP | | | | | | | | | | | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | |
| NAME | BYRD, GEORGIA | | NAME | | | | | | | | | | | | |
| STREET ADDRESS | 2265 FAIRLAWN CT | | STREET ADDRESS | | | | | | | | | | | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | | CITY-ST-ZIP | | | | | | | | | | | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | |
| NAME | HOPDER, DAVID | | NAME | | | | | | | | | | | | |
| STREET ADDRESS | 22660 FAIRLAWN CT | | STREET ADDRESS | | | | | | | | | | | | |
| CITY-ST-ZIP | BONITA SPRINGS, FL 34135 | | CITY-ST-ZIP | | | | | | | | | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | |
| NAME | DALMISANO, JIM | | NAME | | | | | | | | | | | | |
| STREET ADDRESS | 10700 WINTERCRESS DR | | 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 | | | | | | | | | | | | |
| 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: <u><i>[Signature]</i></u> | | | Date <u>3/5/08</u> Daytime Phone # _____ | | | | | | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | | | | | | | | | | | |