
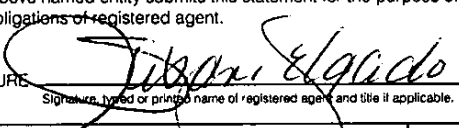
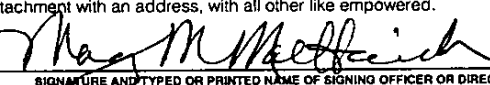


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90445 038 ****61.25

DOCUMENT # N03000005356 1. Entity Name LONGLEAF AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 5801 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108			Mailing Address 5801 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108		
2. Principal Place of Business 27499 Riverview Circle Blvd.		3. Mailing Address 27499 Riverview Circle Blvd.			
Suite, Apt. #, etc. 207		Suite, Apt. #, etc. 207			
City & State Bonita Springs FL		City & State Bonita Springs FL			
Zip 34134		Country USA		Zip 34134	
Country USA		4. FEI Number 81-0620021			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RUEMLER, TIMOTHY J 5801 PELICAN BAY BOULEVARD SUITE 600 NAPLES, FL 34108			7. Name and Address of New Registered Agent Name Independent Management Street Address (P.O. Box Number is Not Acceptable) 27499 Riverview Circle Blvd. # 207 Bonita Springs FL Zip Code 34134		
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.</small>			DATE 02/27/06 <small>(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	PD HALLORAN, DAN 5801 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Roy Hyman 21841 Longleaf Trail Dr. Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEITER, DAN 5801 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP Bill Hollister 21990 Longleaf Trail Dr. Bonita Springs FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST UNSINN, DIANA 5801 PELICAN BAY BLVD., SUITE 600 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marri's Shepard 22090 Longleaf Trail Dr. Bonita Springs FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Peggy Maltarich, Mary M. 22170 Longleaf Trail Dr. Bonita Springs FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr Mike Melnick 22020 Longleaf Trail Dr. Bonita Springs FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-20-06 Daytime Phone #		