

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90064 032 ****61.25

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DOCUMENT # N03000008663					
1. Entity Name BRAMBLE COVE AT VERANDAH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business BONITA MANAGEMENT GROUP, INC. 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135			Mailing Address BONITA MANAGEMENT GROUP, INC. 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # 27800 Old 41 Road Suite, Apt. #, etc.		3. Mailing Address 40 Sterling Property Svc 27800 Old 41 Road Suite, Apt. #, etc.		03122007 Chg-NP CR2E037 (12/06)	
City & State Bonita Springs, FL Zip: 34135 Country: US		City & State Bonita Springs, FL Zip: 34135 Country: US		4. FEI Number 06-1714564 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RAUBOLT, ROBERT R 26025 CLARKSTON DRIVE BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name: Sterling Property Services Street Address (P.O. Box Number is Not Acceptable): 27800 Old 41 Road City: Bonita Springs, FL Zip Code: 33928		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent for both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: Ted Bolstad, CAM, Property Mgr 3/23/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME BUNTING, JANICE STREET ADDRESS 11891 BRAMBLE COVE DRIVE CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE P NAME Brad Yoder STREET ADDRESS 11830 Bramble Cove Drive CITY-ST-ZIP Fort Myers, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME SMITH, BETTYE STREET ADDRESS 11781 BRAMBLE COVE DRIVE CITY-ST-ZIP FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE VP NAME JANICE BUNTING STREET ADDRESS 11891 BRAMBLE COVE DR. CITY-ST-ZIP FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME HEATON, ROBERT STREET ADDRESS 11901 BRAMBLE COVE CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME MIDDLETON, WILLIAM A STREET ADDRESS 11860 BRAMBLE COVE DRIVE CITY-ST-ZIP FORT MYERS, FL 33905	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP SAME	<input type="checkbox"/> Change <input 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	
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: Ted Bolstad as agent of 3/23/07 239/9474552 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					