

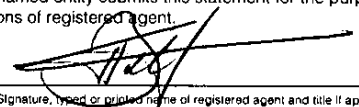
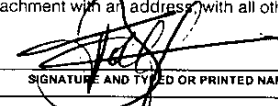


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90068 015 ****61.25

DOCUMENT # N03000008663					
1. Entity Name BRAMBLE COVE AT VERANDAH HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135			Mailing Address %STERLING PROPERTY SVSC 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # 27180 Bay Landing Dr.		3. Mailing Address 27180 Bay Landing Dr.			
Suite, Apt. #, etc. 4		Suite, Apt. #, etc. 4		01242008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 06-1714564	
Zip		Country		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	
STERLING PROPERTY SERVICES 27800 OLD 41 ROAD BONITA SPRINGS, FL 34135				Name Street Address (P.O. Box Number is Not Acceptable) 27180 Bay Landing Dr. Ste 4 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: 					
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, 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 VP NAME BUNTING, JANICE STREET ADDRESS 11891 BRAMBLE COVE DRIVE CITY-ST-ZIP FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Mary Catherine Woods STREET ADDRESS 11850 Bramble Cove Drive CITY-ST-ZIP Fort Myers, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME HEATON, ROBERT STREET ADDRESS 11901 BRAMBLE COVE CITY-ST-ZIP FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME YODER, BRAD STREET ADDRESS 11830 BRAMBLE COVE DRIVE CITY-ST-ZIP FORT MYERS, FL 33905	<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 SD NAME Stephen Marks STREET ADDRESS 11751 Bramble Cove Drive CITY-ST-ZIP Fort Myers, FL 33905	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME WAYNE MORRIS STREET ADDRESS 11921 Bramble Cove Drive CITY-ST-ZIP Fort Myers, FL 33905	<input type="checkbox"/> Change <input checked="" 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/11/08 239/942-4552					