2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N03000009855

Entity Name: KENWOOD AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

27499 RIVERVIEW CTR BL.
STE 207
BONITA SPRINGS, FL 34134

New Principal Place of Business:

27299 RIVERVIEW CENTER BLVD
SUITE 102
BONITA SPRINGS, FL 34134

Current Mailing Address:

27499 RIVERVIEW CTR BL.
STE 207
BONITA SPRINGS, FL 34134

New Mailing Address:

27299 RIVERVIEW CENTER BLVD
SUITE 102
BONITA SPRINGS, FL 34134

FEI Number: 06-1714558 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INDEPENDENT MANAGEMENT. LLC
27299 RIVERVIEW CENTER BL. #102
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DUPONT, BARBARA	
Address:	22301 KENWOOD ISLE DR	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	D	( ) Delete
Name:	STANKO, JEFF	
Address:	22341 KENWOOD ISLE DR	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	T	( ) Delete
Name:	HIGGINS, CLARK	
Address:	22250 KENWOOD ISLE DR	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	VP	( ) Delete
Name:	ENGLISH, DAVE	
Address:	22251 KENWOOD ISLE RD	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	S	( ) Delete
Name:	MITCHELL, MARCIA	
Address:	22240 KENWOOD ISLE RD	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	D	( ) Delete
Name:	MAHALL, JAN	
Address:	27299 RIVERVIEW CTR BLVD #102	
City-St-Zip:	BONITA SPRINGS, FL 34134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS RAGAIN CAM 04/21/2009

Electronic Signature of Signing Officer or Director — Date