

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90407 047 ****61.25

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| DOCUMENT # N04000007693 | | | | | |
| 1. Entity Name PLUMBAGO POINTE 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 Myers, Brutholtz & Co PA Suite, Apt. #, etc. 12671 Whitehall Dr. | | 3. Mailing Address Myers Brutholtz & Co PA Suite, Apt. #, etc. 12671 Whitehall Dr. | | | |
| City & State Ft. Myers FL | | City & State Ft. Myers FL | | 4. FEI Number 20-1458291 | |
| Zip 33907 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 5. 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 ROBERT G. BRUCE Street Address (P.O. Box Number is Not Acceptable) 10420 PLUMBAGO POINTE DRIVE City BONITA SPRINGS FL Zip Code 34135 | | |
| 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 ROBERT G. BRUCE <i>Robert G. Bruce</i> , June 4/18/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 SHIPP, ESTELLE 5801 PELICAN BAY BOULEVARD #600 NAPLES, FL 34108 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BEITER, DAN 5801 PELICAN BAY BOULEVARD #600 NAPLES, FL 34108 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD UNSINN, DIANA 5801 PELICAN BAY BOULEVARD #600 NAPLES, FL 34108 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES SOLOMON, JERRY 10380 PLUMBAGO POINTE DRIVE BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES BRUCE, ROBERT 10420 PLUMBAGO POINTE DRIVE BONITA SPRINGS, FL 34135 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY PAULA WEBER 10400 Plumbago Pointe Dr. Bonita Springs, FL 34135 | <input type="checkbox"/> Delete | | | |
| 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: ROBERT G. BRUCE <i>Robert G. Bruce</i> , June 4/18/06 239-949-6604 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |