



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90046 020 ****61.25

DOCUMENT # N04000007693 1. Entity Name PLUMBAGO POINTE AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business MYERS, BRUTHULZ & CO PA 12671 WHITEHEAD DR FORT MYERS, FL 33907			Mailing Address MYERS, BRUTHULZ & CO PA 12671 WHITEHEAD DR FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box # Independent Mgmt, LLC Suite, Apt. #, etc. 242		3. Mailing Address 27499 RIVERVIEW CENTER Suite, Apt. #, etc.		40028300 	
City & State Bonita Springs, FL		City & State		4. FEI Number 20-1458291	
Zip 34134		Country Lee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUCE, ROBERT 10420 PLUMBAGO PT DR BONITA SPRINGS, FL 34135				7. Name and Address of New Registered Agent Name Susan DeGado Street Address (P.O. Box Number is Not Acceptable) 27499 RIVERVIEW CENTER 242 City 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 Susan DeGado, as agent DATE 2/21/07 <small>Signature typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY - ST - ZIP	P SOLOMON, JERRY 10380 PLUMBAGO PT DR BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BRUCE, ROBERT 10420 PLUMBAGO PT DR BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WEBER, PAULA 10400 PULBAGO PT DR BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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: Susan DeGado 2/27/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					