

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90024 013 ****61.25

DOCUMENT # N04000007693					
1. Entity Name PLUMBAGO POINTE AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business INDEPENDENT MGMT, LLC 27499 RIVERVIEW CENTER 242 BONITA SPRINGS, FL 34134			Mailing Address INDEPENDENT MGMT, LLC 27499 RIVERVIEW CENTER 242 BONITA SPRINGS, FL 34134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	City & State	
6. Name and Address of Current Registered Agent					
DEZADO, SUSAN 27499 RIVERVIEW CENTER 242 102 BONITA SPRINGS, FL 34134				Name SUSAN DEZADO Street Address 27299 Riverview Center Bl. #102 Bonita Springs, FL 34134 City Bonita Springs, FL 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: <i>[Signature]</i> DATE: 3/8/08					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution		\$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 PLUMBAGO PT DR BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAIL SOLOMON 10380 PLUMBAGO PT. DR Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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: <i>[Signature]</i> DATE: 3/5/08					

40044000



03052008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-1458291

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required.**

Susan DeZado
INDEPENDENT MANAGEMENT LLC
27299 Riverview Center Bl. #102
Bonita Springs, FL 34134

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing
☐ Trust Fund Contribution

\$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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	P	SOLOMON, JERRY	10380 PLUMBAGO PT DR BONITA SPRINGS, FL 34135						
	T	BRUCE, ROBERT	10420 PLUMBAGO PT DR BONITA SPRINGS, FL 34135						
	S	WEBER, PAULA	10400 PLUMBAGO PT DR BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/>		GAIL SOLOMON	10380 PLUMBAGO PT. DR	Bonita Springs, FL 34135	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #