2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N04000007693

Entity Name: PLUMBAGO POINTE AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

INDEPENDENT MGMT, LLC
27499 RIVERVIEW CENTER 242
BONITA SPRINGS, FL 34134

New Principal Place of Business:

INDEPENDENT MGMT, LLC
27299 RIVERVIEW CENTER BLVD. SUITE 102
BONITA SPRINGS, FL 34134

Current Mailing Address:

INDEPENDENT MGMT, LLC
27499 RIVERVIEW CENTER 242
BONITA SPRINGS, FL 34134

New Mailing Address:

INDEPENDENT MGMT, LLC
27299 RIVERVIEW CENTER BLVD. SUITE 102
BONITA SPRINGS, FL 34134

FEI Number: 20-1458291 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELGADO, SUSAN
27299 RIVERVIEW CENTER 102
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

INDEPENDENT MANAGEMENT
27299 RIVERVIEW CENTER 102
BONITA SPRINGS, FL 34134 US

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: CHRIS RAGAIN 04/21/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SOLOMON, JERRY
Address: 10380 PLUMBAGOPT DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: T ( ) Delete
Name: BRUCE, ROBERT
Address: 10420 PLUMBAGO PT DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title: S ( ) Delete
Name: SOLOMON, GAIL
Address: 10380 PLUMBAGO PT DR
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: SINGLETON, BOB
Address: 10410 PLUMBAGO POINT DRIVE
City-St-Zip: BONITA SPRINGS, FL 34135

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