2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2006 8:00 am Secretary of State

DOCUMENT # N0400008443 1. Entity Name BAYCREST AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.						04-19-200	6 90100 0	37 ****61	.25
Principal Place 5801 PELICA NAPLES, FL	IN BAY BLVD STE 600	Mailing Address 5801 PELICAN BAY BLV NAPLES, FL 34108	D STE 600			۷u	UJ&I V	, 0	
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Suite, Apt. 2 7499 J	#. etc. = 5/2/31 Rivarvi ew Center Blud,	Suite, Apt. #, etc.	Ste NGUHUN A		02012006	Chg-NP	CR2E	037 (11/05)	
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Bonite	Country	Buritae SPING	Country,			of Status Desired		\$8.75 Add	t Applicable
34134	IUSA	34134	US A					Fee Require	d
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
RUEMLER	R, TIMOTHY J		-	mr.	y Years	son C	10-1	HOC	
	CAN BAY BLVD STE 600		Street	et Address (F.O. Box Number is Ngt Acceptable)					
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	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	or register	red agent, official	n, in the state of	Florida. I an	n tamiliar with,	and accept
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SIGNATURE .	Stooghya troad or orieted name of conintered agent a	TAYS I AND THE TAY OF	- Registered Agent sign	ative renviron	(what rainstation)		DATE		
	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	: Registered Agent sign	ature required	i when reinstating)		DATE		
	Filing Fee is \$61.25		paign Financing		(when reinstating) \$5.00 May B Added to Fees	e F	Make che	ck payable to	
		9. Election Can Trust Fund C	paign Financing		\$5.00 May B	F	Make cheo lorida Depa	artment of Si	tate
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

teldman

4985482

Daytime Phone #