

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-19-2006 90100 037 ****61.25

DOCUMENT # N04000008443

1. Entity Name
**BAYCREST AT THE BROOKS HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**5801 PELICAN BAY BLVD STE 600
NAPLES, FL 34108**

Mailing Address
**5801 PELICAN BAY BLVD STE 600
NAPLES, FL 34108**

20054100



2. Principal Place of Business

IMI

3. Mailing Address

IMI

Suite, Apt. #, etc.

**Ste 131
27499 Riverview Center Blvd.**

Suite, Apt. #, etc.

**Ste 131
27499 Riverview Center Blvd.**

City & State

Bonita Springs FL

City & State

Bonita Springs FL

Zip

34134

Country

USA

Zip

34134

Country

USA

02012006

Chg-NP

CR2E037 (11/05)

4. FEI Number
20-1582906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RUEMLER, TIMOTHY J
5801 PELICAN BAY BLVD STE 600
NAPLES, FL 34108**

7. Name and Address of New Registered Agent

Name **Gary Pearson c/o Inde**

Street Address (P.O. Box Number is Not Acceptable)

c/o Independent Management

27499 Riverview Center Blvd Suite 131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE **PD** ☒ Delete
NAME **SHIPP, ESTELLE K**
STREET ADDRESS **5801 PELICAN BAY BLVD STE 600**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **VD** ☒ Delete
NAME **BEITER, DAN**
STREET ADDRESS **5801 PELICAN BAY BLVD STE 600**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **STD** ☒ Delete
NAME **UNSINN, DIANA**
STREET ADDRESS **5801 PELICAN BAY BLVD STE 600**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **D** ☒ Delete
NAME **HALLORAN, DAN**
STREET ADDRESS **5801 PELICAN BAY BLVD STE 600**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Judy Pizzano**
STREET ADDRESS **22541 Baycrest Ridge DR**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **D** ☐ Change ☒ Addition
NAME **Mavin Rudnitsky**
STREET ADDRESS **108 Sesquehanna Ave**
CITY-ST-ZIP **Selins Grove, PA 17870**

TITLE **PD** ☐ Change ☒ Addition
NAME **Patrick Dennis**
STREET ADDRESS **3016 Brady St**
CITY-ST-ZIP **Davenport, IA 52803**

TITLE **VD** ☐ Change ☒ Addition
NAME **Ronald Marmo**
STREET ADDRESS **4060 Willow Creek DR**
CITY-ST-ZIP **Gibsonia, PA 15044**

TITLE **STD** ☐ Change ☒ Addition
NAME **Ann Feldmann**
STREET ADDRESS **22552 Baycrest Ridge DR**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Ann Feldmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/06 498548