

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010959

FILED
Jan 29, 2009
Secretary of State

Entity Name: MIDDLEBROOKE AT AVE MARIA RECREATION ASSOCIATION, INC.

Current Principal Place of Business:

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET NORTH, SUITE #201
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET NORTH, SUITE #201
NAPLES, FL 34103

New Mailing Address:

FEI Number: 26-0333942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECHTEL, RICK
C/O INTEGRATED PROPERTY MANAGEMENT
3435 10TH STREET NORTH, SUITE #201
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DSTV () Delete
Name: BROOKS, SCOTT
Address: 9240 ESTERO PARK COMMONS BLVD
City-St-Zip: ESTERO, FL 33928

Title: PD () Delete
Name: GABLE, BLAKE
Address: 2600 GOLDEN GATE PKWY STE 105
City-St-Zip: NAPLES, FL 34105

Title: VD () Delete
Name: TREADWELL, LEE
Address: 9240 ESTERO PARK COMMONS BLVD
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: BLAKE GABLE

PD

01/29/2009

Electronic Signature of Signing Officer or Director

Date