


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90072 029 \*\*\*\*61.25

<b>DOCUMENT # N07000000819</b> 1. Entity Name <b>BROOKS FISHING CLUB, INC.</b>					
Principal Place of Business 24251 COPPERLEAF BLVD BONITA SPRINGS, FL 34135				Mailing Address 24251 COPPERLEAF BLVD BONITA SPRINGS, FL 34135	
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BARTOLETTI, JOSEPH 24251 COPPERLEAF BLVD BONITA SPRINGS, FL 34135				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete			
NAME	BARTOLETTI, JOSEPH				
STREET ADDRESS	24251 COPPERLEAF BLVD				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135				
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	PARKER, NEIL				
STREET ADDRESS	22521 GLENVIEW LANE				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	OSHINSKY, BOB				
STREET ADDRESS	23580 SANDYCREEK TERRACE #1601				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135				
TITLE	TD	<input checked="" type="checkbox"/> Delete			
NAME	SCANDALE, FRANK				
STREET ADDRESS	9015 SPRING RUN BLVD				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135				
TITLE	D	<input type="checkbox"/> Delete			
NAME	CAVALLARO, TONY				
STREET ADDRESS	15254 ORLANDA DRIVE				
CITY-ST-ZIP	BONITA SPRINGS, FL 34135				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Joseph Bartoletti</u> <b>Joseph Bartoletti</b> <u>2/18/08</u> <u>239-390-2456</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



01052008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**108-28-6590**

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

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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, 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

TITLE PD <input type="checkbox"/> Delete NAME BARTOLETTI, JOSEPH STREET ADDRESS 24251 COPPERLEAF BLVD CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD <input type="checkbox"/> Delete NAME PARKER, NEIL STREET ADDRESS 22521 GLENVIEW LANE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD <input type="checkbox"/> Delete NAME OSHINSKY, BOB STREET ADDRESS 23580 SANDYCREEK TERRACE #1601 CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD <input checked="" type="checkbox"/> Delete NAME SCANDALE, FRANK STREET ADDRESS 9015 SPRING RUN BLVD CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete NAME CAVALLARO, TONY STREET ADDRESS 15254 ORLANDA DRIVE CITY-ST-ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**SIGNATURE:** Joseph Bartoletti **Joseph Bartoletti** 2/18/08 239-390-2456

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #