2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N07000000819

Entity Name: BROOKS FISHING CLUB, INC.

Current Principal Place of Business:

24251 COPPERLEAF BLVD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

24251 COPPERLEAF BLVD
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 10-8286590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTOLETTI, JOSEPH
24251 COPPERLEAF BLVD
BONITA SPRINGS, FL 34135 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:	PD	( ) Delete
Name:	BARTOLETTI, JOSEPH	
Address:	24251 COPPERLEAF BLVD	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	VPD	( ) Delete
Name:	PARKER, NEIL	
Address:	22521 GLENVIEW LANE	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	SD	( ) Delete
Name:	OSHINSKY, BOB	
Address:	23580 SANDYCREEK TERRACE #1601	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	TD	( ) Delete
Name:	JOSEPH, CALANDRA	
Address:	23616 STONEY RIVER PL	
City-St-Zip:	BONITA SPRINGS, FL 34135	
Title:	D	( ) Delete
Name:	CAVALLARO, TONY	
Address:	15254 ORLANDA DRIVE	
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:	( ) 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: JOSEPH BARTOLETTI PD 01/09/2009

Electronic Signature of Signing Officer or Director — Date