2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N07000005463

Entity Name: NORTHBROOKE EAST OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

PROFESSIONAL CIRCLE
NAPLES, FL 34119

New Principal Place of Business:

2647 PROFESSIONAL CIRCLE
NAPLES, FL 34119

Current Mailing Address:

PO BOX 10608
NAPLES, FL 34101

New Mailing Address:

FEI Number: 26-0268529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLONIAL SQUARE REALTY INC.
1048 GOODLETTE ROAD #100
NAPLES, FL 34102 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: D ( ) Delete
Name: GATES, TODD E
Address: 12810 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: FLAVIN, JOHN
Address: 12810 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete
Name: STOCK, BRIAN
Address: 4501 TAMIAMI TRAIL NORTH STE 300
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete
Name: ANKNEY, KAREN B
Address: 12810 TAMAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

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:

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: CLIFFORD OLSON RA 03/26/2009

Electronic Signature of Signing Officer or Director — Date