

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 26, 2009**  
**Secretary of State**

DOCUMENT# N07000005463

**Entity Name:** NORTHBROOKE EAST OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**2647 PROFESSIONAL CIRCLE  
NAPLES, FL 34119**New Principal Place of Business:****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 (X) Delete  
Name: ANKNEY, KAREN B  
Address: 12810 TAMiami TRAIL NORTH  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: STOCK, BRIAN  
Address: 4501 TAMiami TRAIL NORTH STE 300  
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change ( ) Addition  
Name: ANKNEY, KAREN B  
Address: 12810 TAMiami TRAIL NORTH  
City-St-Zip: NAPLES, FL 34110

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: KAREN ANKNEY

D

08/26/2009

Electronic Signature of Signing Officer or Director

Date