

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001862

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: NAPLES BROOKSIDE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1940 HARBOR LN  
NAPLES, FL 34104 US

**New Principal Place of Business:**

**Current Mailing Address:**

1940 HARBOR LN  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANASTASIA, JADA SEC.  
1849 HARBOR LN  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

ENGLUND, FRANK PRES  
1940 HARBOR LN  
NAPLES, FL 34104 US

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: FRANK ENGLUND

01/06/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: ENGLUND, FRANK  
Address: 1940 HARBOR LN  
City-St-Zip: NAPLES, FL 34104 US

Title: VP ( ) Delete  
Name: O'CONNELL, BILL  
Address: 1283 EMBASSY LN.  
City-St-Zip: NAPLES, FL 34104 US

Title: SEC ( ) Delete  
Name: ANASTASIA, JADA  
Address: 1849 HARBOR LN  
City-St-Zip: NAPLES, FL 34104 US

Title: TREA ( ) Delete  
Name: DEMPSEY, JUDY  
Address: 1836 HARBOR LN.  
City-St-Zip: NAPLES, FL 34104 US

**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: FRANK ENGLUND

PRES

01/06/2009

Electronic Signature of Signing Officer or Director

Date