2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N15643

Entity Name: GOLF BROOK NO. 2 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O A & G MANAGEMENT
11360 FORTUNE CIRCLE, SUITE E-6A
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

C/O A & G MANAGEMENT
11924 FOREST HILL BLVD, #22-221
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 59-2705666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A & G MANAGEMENT SERVICES
11924 FOREST HILL BLVD
STE 22-221
WELLINGTON, FL 33414 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: DP ( ) Delete
Name: WHITE, ALLAN
Address: 11237 ISLE BROOK CT
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: AZOULAY, BERNARD
Address: 11152 ISLE BROOK CT
City-St-Zip: WELLINGTON, FL 33414

Title: DV ( ) Delete
Name: SILVERA, RALPH
Address: 11223 ISLE BROOK CT
City-St-Zip: WELLINGTON, FL 33414

Title: DST ( ) Delete
Name: KAUFMAN, KENNETH
Address: 11166 ISLE BROOK CT
City-St-Zip: WELLINGTON, FL 33414

Title: D ( ) Delete
Name: BASSETT, MICHAEL
Address: 11153 ISLE BROOK COURT
City-St-Zip: WELLINGTON, FL 33414

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 for the exemption stated in Section 119.07(3)(i), 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: ALLAN WHITE DP 04/18/2005

Electronic Signature of Signing Officer or Director — Date