

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90115 022 ****61.25

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # N23902 1. Entity Name BROADMOOR PINES HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 7715 BROADMOOR PINES BLVD. SARASOTA, FL 34243 | | | Mailing Address 7715 BROADMOOR PINES BLVD. SARASOTA, FL 34243 | | |
| 2. Principal Place of Business <i>Same as above</i> | | 3. Mailing Address <i>Same as above</i> | | | |
| Suite, Apt. #, etc. <i>None</i> | | City & State <i>Manatee</i> | | 4. FEI Number 65-0046473 | |
| City & State <i>Manatee</i> | | Country <i>Manatee</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LYONS, ROBERT G. 2033 MAIN STREET SARASOTA, FL 34237 | | | 7. Name and Address of New Registered Agent Name <i>Same as Current</i> Street Address (P.O. Box Number is Not Acceptable) <i>Registered Agent FL</i> City <i>FL</i> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LARUE, JAMES 7715 BROADMOOR PINES BLVD SARASOTA, FL 34243 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ZATZ, PAUL 7825 BROADMOOR PINES SARASOTA, FL 34243 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | * Secretary & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lockie, Clyde 7904 Broadmoor Pines Blvd Sarasota, FL 34243 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD HAMPTON, DONNA 7936 BROADMOOR PINES SARASOTA, FL 34243 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD KEMMET, JOHN 7708 BROADMOOR PINES BOULEVARD SARASOTA, FL 34243 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President & Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kummer, John 7708 Broadmoor Pines Blvd Sarasota, FL 34243 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Michael Stephen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director 7715 Broadmoor Pines Blvd Sarasota, FL 34243 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>James LaRue</i> James LaRue Pres. & Director 941-351-6683 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date 2-22-2006 Daytime Phone # | | | | | |

ATTACHMENT



40023933

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2006

BROADMOOR PINES HOMEOWNERS' ASSOCIATION, INC.
7715 BROADMOOR PINES BLVD.
SARASOTA, FL 34243

SUBJECT: BROADMOOR PINES HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N23902

We have received your check(s) totaling \$61.25; however it cannot be processed and is being returned for the following:

There was not a completed annual report/reinstatement application form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR
OPS

Letter Number: 906A00011214

Form completed - see attached

[Signature]
President