


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90012 034 ****61.25

DOCUMENT # N25679 1. Entity Name BROOKSHIRE VILLAGE III CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4489 WINDJAMMER LANE FORT MYERS, FL 33919 US	Mailing Address 4489 WINDJAMMER LANE FORT MYERS, FL 33919 US
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DO NOT WRITE IN THIS SPACE

4001277



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0105812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BRAID ASSOCIATION MANAGEMENT 4489 WINDJAMMER LANE F FORT MYERS, FL 33919
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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD STEPHAN, JOHN 13232 WHITEHAVEN LN 1104 FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHWARTZ, CHARLOTTE 13238 WHITEHAVEN LN #1203 FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MERKET, B.J. 13226 WHITEHAVEN LN #1308 FORT MYERS, FL 33966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

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: *B. J. Merket*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. J. Merket - B. J. Merket, Secy-Treas. 1-24-08 239-481-9494