## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25679

FILED Mar 02, 2009 Secretary of State

Entity Name: BROOKSHIRE VILLAGE III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4489 WINDJAMMER LANE FORT MYERS, FL 33919 US

Current Mailing Address: New Mailing Address:

4489 WINDJAMMER LANE FORT MYERS, FL 33919 US

FEI Number: 65-0105812 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BRAID ASSOCIATION MANAGEMENT
4489 WINDJAMMER LANE
FORT MYERS, FL 33919 US

FORT MYERS, FL 33919 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: 03/02/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VDD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 STEPHAN, JOHN,
 Name:
 STEPHAN, JOHN,

 Address:
 13232 WHITEHAVEN LN 1104
 Address:
 13232 WHITEHAVEN LN 1104

 City-St-Zip:
 FORT MYERS, FL 33966
 City-St-Zip:
 FORT MYERS, FL 33966

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SCHWARTZ, CHARLOTTE
 Name:

 Address:
 13238 WHITEHAVEN LN #1203
 Address:

 City-St-Zip:
 FT. MYERS, FL 33966
 City-St-Zip:

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

Name: MERKET, B.J. Name: MERKET, B.J.

Address: 13226 WHITCHAVEN LN 1308 Address: 13226 WHITEHAVEN LANE, #1308

City-St-Zip: FT MYERS, FL 33966 City-St-Zip: FT MYERS, FL 33966

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: CHARLOTTE SCHWARTZ P 03/02/2009