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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29823 (4)

1. Corporation Name

BROOKSHIRE VILLAGE IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 12/21/1988
3a. Date of Last Report: 2/96

2. Principal Place of Business	2a. Mailing Address
21 13193 Whitehaven Lane	26 c/o Benson's, Inc.
22 Suite, Apt. #, etc.	27 12650 Whitehall Drive
23 Fort Myers, FL	28 Fort Myers, FL
24 Zip 33912 / 25 Country	29 Zip 33907 / 30 Country

4. FEI Number: 65-0130356 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Benson, Mark R.
82 Street Address (P.O. Box Number is Not Acceptable): 12650 Whitehall Drive
83
84 City: Fort Myers **FL** 85 Zip Code: 33907

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Mark R. Benson 1/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Krug, Howard		1.2 NAME		
STREET ADDRESS	13193 Whitehaven Lane, #1701		1.3 STREET ADDRESS		
CITY-ST-ZIP	Fort Myers, FL		1.4 CITY-ST-ZIP		
TITLE	V/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Krug, Theresa		2.2 NAME		
STREET ADDRESS	13193 Whitehaven Lane, #1701		2.3 STREET ADDRESS		
CITY-ST-ZIP	Fort Myers, FL		2.4 CITY-ST-ZIP		
TITLE	S/T/D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Brady, Richard		3.2 NAME		
STREET ADDRESS	13193 Whitehaven Lane, #1707		3.3 STREET ADDRESS		
CITY-ST-ZIP	Fort Myers, FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3.11.97

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard R Krug President 1-31-97 (941)277-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #