


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90007 027 ****61.25

DOCUMENT # N96000004612	
1. Entity Name BRENDAN COVE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 16811 SOUTH BAY DR. SUITE 240 BONITA SPRINGS, FL 34134 US	Mailing Address 16811 SOUTH BAY DR. SUITE 240 BONITA SPRINGS, FL 34134 US
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54023074

2. Principal Place of Business Gulf Breeze Management Services of SW FL, LLC 27725 Old 41	3. Mailing Address Gulf Breeze Management Services of SW FL, LLC 27725 Old 41
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Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc. Suite 104
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01192004 Chg-NP CR2E037 (10/03)

City & State Bonita Springs, FL	City & State Bonita Springs, FL
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4. FEI Number 65-0749172	Applied For <input type="checkbox"/> Not Applicable
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Zip 34135	Country USA	Zip 34135	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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ROSINUS, FRANZ J 16811 SOUTH BAY DR. SUITE 240 BONITA SPRINGS, FL 34134
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Name Weidner, Ralph L. Gulf Breeze Management Services of SW FL, LLC
Street Address (P.O. Box Number is Not Acceptable) 27725 Old 41
Suite Suite 104
City Bonita Springs
FL Zip Code 34135

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 	Ralph L. Weidner	3/4/2004
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		<small>DATE</small>

Filing Fee is \$61.25 Due by May 1, 2004	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PTSD	<input checked="" type="checkbox"/> Delete	TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSINUS, FRANZ		NAME Vincent, Sam	
STREET ADDRESS 25151 PENNYROYAL DR.		STREET ADDRESS 9187 Brendan Preserve Court	
CITY-ST-ZIP BONITA SPRINGS, FL 34134		CITY-ST-ZIP Bonita Springs, FL 34135	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ROSINUS, UTE		NAME Williamson, Mark	
STREET ADDRESS 25151 PENNYROYAL DR.		STREET ADDRESS 27070 Driftwood Drive	
CITY-ST-ZIP BONITA SPRINGS, FL 34134		CITY-ST-ZIP Bonita Springs, FL 34135	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PESSIN, MICHELLE		NAME Smith, Perry	
STREET ADDRESS 4167 BRENDAN LAKE CT		STREET ADDRESS 27200 Driftwood Drive	
CITY-ST-ZIP BONITA SPRINGS, FL 34135		CITY-ST-ZIP Bonita Springs, FL 34135	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I 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 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: 	Sam Vincent	3-04-04	(239) 405-2171
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>