

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90009 024 ****61.25

DOCUMENT # N96000004612					
1. Entity Name BRENDAN COVE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135 US			Mailing Address 27725 OLD 41, STE 104 BONITA SPRINGS, FL 34135 US		
%Gulf Breeze Management Services of SW FL, LLC 8910 Terrene Court Suite, Apt. #, etc. Suite 200			%Gulf Breeze Management Services of SW FL, LLC 8910 Terrene Court Suite, Apt. #, etc. Suite 200		
City & State		City & State		4. FEI Number 65-0749172	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIDNER, RALPH L 27725 OLD 41 STE 104 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name <u>Weidner, Ralph L.</u> %Gulf Breeze Management Services of SW FL, LLC Street Address (P.O. Box Number is Not Acceptable) 8910 Terrene Court Suite 200 City <u>FL</u> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 VINCENT, SAM 9187 BRENDAN PRESERVE CT. BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMSON, MARK 27070 DRIFTWOOD DR. BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MAURER, MICHAEL C 9130 BRENDAN PRESERVE COURT BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete			
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:		Sam Vincent		Date <u>2-6-06</u> (239) 992-4093	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # <u>vb</u>	