

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004612

FILED  
Mar 22, 2011  
Secretary of State

**Entity Name:** BRENDAN COVE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

SANDCASTLE COMMUNITY MGMT  
1719 TRADE CENTER WAY #4  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

SANDCASTLE COMMUNITY MGMT  
1719 TRADE CENTER WAY #4  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:** 65-0749172

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, BRAD  
SANDCASTLE COMM. MGMT INC  
1719 TRADE CENTER WAY #4  
NAPLES, FL 34109 US

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

OPPIE, CAROLYN  
SANDCASTLE COMM. MGMT INC  
1719 TRADE CENTER WAY #4  
NAPLES, FL 34109 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: CAROLYN OPPIE

03/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: VINCENT, SAM  
Address: 1719 TRADE CENTER WAY #4  
City-St-Zip: NAPLES, FL 34109

Title: VPD  
Name: WILLIAMSON, MARK  
Address: 1719 TRADE CENTER WAY #4  
City-St-Zip: NAPLES, FL 34109

Title: STD  
Name: FREY, JOHN  
Address: 1719 TRADE CENTER WAY #4  
City-St-Zip: NAPLES, FL 34109

I hereby 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 all other like empowered.

SIGNATURE: SAM VINCENT

PD

03/22/2011

Electronic Signature of Signing Officer or Director

Date