

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90091 021 ****61.25

DOCUMENT # N97000005567

1. Entity Name
COTTAGES AT BRENDAN COVE ASSOCIATION, INC.



Principal Place of Business
**9188 BRENDAN PRESERVE CT
BONITA SPRINGS, FL 34135**

Mailing Address
**P.O BOX 8478
NAPLES, FL 34101**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-3481532

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WINKLER, NANCY
1719 TRADE CENTER WAY
#4
NAPLES, FL 34109**

Name **Brad Thomas**
Street Address (P.O. Box Number is Not Acceptable)

**1719 Trade Center Way Suite #4
City Naples FL Zip Code 34109**

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 **Brad Thomas**

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **CLAYBAR, THOMAS**
STREET ADDRESS **9168 BRENDAN PRESERVE CT**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **DVST** ☒ Delete
NAME **BARLETT, SIMON**
STREET ADDRESS **9168 BRENDAN PRESERVE CT**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE **D** ☒ Delete
NAME **SAMUEL, VINCENT**
STREET ADDRESS **9187 BRENDAN PRESERVE CT**
CITY-ST-ZIP **BONITA SPRINGS, FL 34135**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **Ed Bourgeois**
STREET ADDRESS **9186 Brendan Preserve Ct**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **VO** ☐ Change ☒ Addition
NAME **Lucinda Ade**
STREET ADDRESS **9162 Brendan Preserve Ct.**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **STD** ☐ Change ☒ Addition
NAME **Robert L. Ferris**
STREET ADDRESS **9137 Brendan Preserve Ct.**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE **D** ☐ Change ☒ Addition
NAME **Carol Elliott**
STREET ADDRESS **9167 Brendan Preserve Ct.**
CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Robert L. Ferris**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-06 239-596-7200

Date Daytime Phone #