

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90131 017 \*\*\*\*61.25

**DOCUMENT # N98000000383**

1. Entity Name  
**BRENDAN COVE MARINA ASSOCIATION, INC.**



Principal Place of Business  
**27725 OLD 41 STE 104  
BONITA SPRINGS, FL 34135**

Mailing Address  
**27725 OLD 41 STE 104  
BONITA SPRINGS, FL 34135**

**50006310**



%Gulf Breeze Management  
2. Principal Place of Business Services of  
**8910 Terrene Court SW FL 34135**  
Suite, Apt. #, etc.  
**Suite 200**

%Gulf Breeze Management  
3. Mailing Address Services of SW FL  
**8910 Terrene Court LLC**  
Suite, Apt. #, etc.  
**Suite 200**

02282006 Chg-NP CR2E037 (11/05)

City & State	City & State	4. FEI Number <b>65-0814807</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WEIDNER, RALPH L  
GULF BREEZER MGMT SERVICES OF SW FL, LLC  
27725 OLD 41 STE 104  
BONITA SPRINGS, FL 34134**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**8910 Terrene Court**  
Suite 200  
City **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, PERRY 27200 DRIFTWOOD DRIVE BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VINCENT, SAM 9187 BRENDAN PRESERVE CT. BONITA SPRINGS, FL 34135 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BROWN, JANE 27190 DRIFTWOOD DRIVE 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

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Hickman, William 9155 Brendan Lake Court Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Ade, Gary 9162 Brendan Preserve Court Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Bourgeois, Edmund 9186 Brendan Preserve Court Bonita Springs, FL 34135 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** William Hickman **William Hickman** **2/27/06** **(239) 390-0093**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # vb