

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006568

FILED
Apr 28, 2006
Secretary of State

Entity Name: LAUREL MEADOW AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 110156
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

PO BOX 110156
NAPLES, FL 34108

New Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109

FEI Number: 59-3545726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, WILLIAM D
2310 DELLA DR
NAPLES, FL 34117 US

Name and Address of New Registered Agent:

GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
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: BYRON ROSS

04/28/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCKINNEY, WILLIAM
Address: 23059 TREE CREST CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DV () Delete
Name: MARTIN, RUTH
Address: 23032 TREE CREST COURT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: CELSNIRK, FRANK
Address: 23133 OAKFLEN LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ASM (X) Delete
Name: WHITE, WILLIAM D
Address: 2310 DELLA DR
City-St-Zip: NAPLES, FL 34117

Title: DAT () Delete
Name: JOHNSON, HOWARD
Address: 23157 OAKGLEN LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: DT () Delete
Name: REECE, DONALD
Address: 232131 OAKFLEN LANE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCKINNEY, WILLIAM
Address: 23059 TREE CREST CT.
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP (X) Change () Addition
Name: MARTIN, RUTH
Address: 23032 TREE CREST COURT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BYRON ROSS

MGR

04/28/2006

Electronic Signature of Signing Officer or Director

Date