

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000006979**

1. Entity Name  
**THE BROOKS 41 COMMERCIAL ASSOCIATION, INC.**



Principal Place of Business

745 12TH AVE SOUTH  
100  
NAPLES, FL 34102

Mailing Address

745 12TH AVE SOUTH  
100  
NAPLES, FL 34102



01062005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3553824**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OTT, BARRETT C  
745 12TH AVE S STE 100  
NAPLES, FL 34102

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BRADOCK, SUZANNE  
2501 HEALTH CENTER BLVD  
BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
MORE, PATRICIA  
3501 HEALTH CENTER BLVD  
BONITA SPRINGS, FL 34135

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
OTT, BARRETT C  
850 PARK SHORE DR STE 200  
NAPLES, FL 34103

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2107/05  
Date

239/403.3900  
Daytime Phone #