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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072557 (8)

1. Corporation Name

H.L.B. - BRENDAN COVE DEVELOPMENT, INC.

Principal Place of Business

8951 BONITA BEACH ROAD
SUITE 294
BONITA SPRINGS FL 33923
US

Mailing Address

P.O. BOX 2526
BONITA SPRINGS FL 34133-2526
US



3. Date Incorporated or Qualified
09/20/1995

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 9200 Bonita Beach Rd.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 212

Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 Bonita Springs, Florida

City & State

28 City & State

Zip Country

24 34135 25 Lee

Zip Country

29 30

4. FEI Number

65-0616508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

BROWN, HOMER L.
25157 GOLF LAKE CIRCLE
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes:

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPS

NAME BRWON, HOMER L.
STREET ADDRESS 25157 GOLF LAKE CIRCLE
CITY- ST- ZIP BONITA SPRINGS FL

TITLE V

NAME BROWN, DONALD P
STREET ADDRESS 25182 GOLF LAKE CIRCLE
CITY- ST- ZIP BONITA SPRINGS FL

TITLE V

NAME BROWN, PRESTON R.
STREET ADDRESS 25692 STILLWELL PKWY
CITY- ST- ZIP BONITA SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HOMER L. BROWN

4/7/97

Date

(941) 947-2224

Daytime Phone #

CR2E034 (9/96)