2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State
02-27-2001 90329 027 ****61.25

DOCUMENT # 747617

1. Entity Name

BRANDON WOODS AT LAKESHORE HOMEOWNERS' ASSOCIATI

Principal Place of Business	Mailing Address
864 ~~840~~ DERBYSHIRE RD TALLAHASSEE FL 32312~~4029~~ US	864 ~~840~~ DERBYSHIRE RD TALLAHASSEE FL 32312~~4029~~ US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 864 Derbyshire Rd.		Suite, Apt. #, etc. 864 Derbyshire Rd.	
City & State Tallahassee FL		City & State Tallahassee FL	
Zip 32312	Country US	Zip 32312	Country US

4. FEI Number 59-2489844 ☐ Applied For ☐ Not Applicable

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
OSHESKY JR, GERALD K 840 BERBYSHIRE RD TALLAHASSEE FL 32312	Name: LaDonna N. Wagers Street Address (P.O. Box Number is Not Acceptable): 864 Derbyshire Rd. City: Tallahassee FL Zip Code: 32312

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.

SIGNATURE: LaDonna N. Wagers — DATE: 2-20-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD NESS, CAROL 888 DERBYSHIRE ROAD TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Elaine Dennis 648 Derbyshire Rd. Tallahassee, FL 32312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OSHESKY JR, GERALD K 840 DERBYSHIRE ROAD TALLAHASSEE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Joe Mizereck 601 Litchfield Rd. Tallahassee, FL 32312	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HIRSCH, LINDA 810 MADERIA CIR TALLAHASSEE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAGERS, LA DONNA 864 DERBYSHIRE ROAD TALLAHASSEE FL 32312	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I 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 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: LaDonna N. Wagers REQUIRED — 2-20-01 — 487-2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #