2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006287

FILED Mar 13, 2007 Secretary of State

Entity Name: BRANDON CHASE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 US **Current Mailing Address: New Mailing Address:** 2180 W. SR 434 **SUITE 5000** LONGWOOD, FL 327795044 US FEI Number: 59-3748405 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition CASTILLO, JOHN M Name: Name: Address: 10937 BRANDON CHASE DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: Title: V/D () Delete Title: PD (X) Change () Addition Name: GILLEY, GLENDA Name: GILEY, GLENDA Address: 10828 BRANDON CHASE DRIVE Address: 10838 BRANDON CHASE DRIVE City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: JACKSONVILLE, FL 32219 Title: STD () Delete Title: () Change () Addition MCMILLAN, MALIZA Name: Name: 7702 BRANDON COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32219 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: CARTER, LOUIS JR 10797 BRANDON CHASE DR Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32219

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: GLENDA GILEY PD 03/13/2007