

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 07, 2008
Secretary of State**

DOCUMENT# N06000009437

Entity Name: BRANCH RANCH ESTATES HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

4546 COZZO DRIVE
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2503
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 14-1975971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORTON, DAVID R
4546 COZZO DRIVE
LAND O LAKES, FL 34639 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: HORTON, DAVID R
Address: P.O. BOX 2503
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: V () Delete
Name: SANTORO, JOHN M
Address: P.O. BOX 2503
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: S () Delete
Name: FOSHEY, SHARON
Address: P.O. BOX 2503
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: T () Delete
Name: BECRAFT, TERRI
Address: P.O. BOX 2503
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HORTON, DAVID R
Address: P.O. BOX 2503
City-St-Zip: LAND O' LAKES, FL 34639 US

Title: P (X) Change () Addition
Name: DUTKA, BRENT J
Address: P.O. BOX 2503
City-St-Zip: LAND O' LAKES, FL 34639 US

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

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

Title: V () Change (X) Addition
Name: KRISTI, QUARLES-ROCHON
Address: P. O. BOX 2503
City-St-Zip: LAND O LAKES, FL 34639 US

I hereby certify that the information supplied with this filing does not qualify 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: TERRI M. BECRAFT

T

01/07/2008

Electronic Signature of Signing Officer or Director

Date