


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90009 029 ****61.25

DOCUMENT # N96000005597

1. Entity Name
 LAKE BRANDON ASSOCIATION, INC.



Principal Place of Business
 3165 LAKE ELLEN DR
 TAMPA, FL 33618

Mailing Address
 3165 LAKE ELLEN DR
 TAMPA, FL 33618

34003372



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01082004 Chg-NP CR2E037 (10/03)

4. FEI Number
 59-3437589

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MULHOLLAND, RICHARD
 3165 LAKE ELLEN DR
 TAMPA, FL 33618

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MULHOLLAND, RICHARD	
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 3900	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURNEY, CATHERINE	
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 3900	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISSEY, ERIN	
STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 3900	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mulholland, Richard	
STREET ADDRESS	3165 Lake Ellen Drive	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tipton, Gary	
STREET ADDRESS	3165 Lake Ellen Drive	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morrissey, Erin	
STREET ADDRESS	3165 Lake Ellen Drive	
CITY-ST-ZIP	Tampa, FL 33618	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 authority empowered.

SIGNATURE: _____ **1/23/04** **813-225-1615**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #