

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90028 039 ****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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 4131 GUNN HIGHWAY
 Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

City & State
 TAMPA FL

4. FEI Number
 59-3437589

Applied For
 Not Applicable

Zip
 33618

Country
 USA

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: George W. Phillips PA
 Street Address (P.O. Box Number is Not Acceptable): 4131 GUNN HIGHWAY
 City: TAMPA FL Zip Code: 33618

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: *George W Phillips* DATE: 4/14/2008

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, 2008

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	3165 LAKE ELLEN DR.	
CITY - ST - ZIP	TAMPA, FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	TIPTON, GARY	
STREET ADDRESS	3165 LAKE ELLEN DR.	
CITY - ST - ZIP	TAMPA, FL 33618	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORRISSEY, ERIN	
STREET ADDRESS	3165 LAKE ELLEN DR.	
CITY - ST - ZIP	TAMPA, FL 33618	
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		<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		
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 exemptions contained 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 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: *[Signature]* DATE: 4-14-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #