

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90136 006 ****61.25

0043234

DOCUMENT # N96000005597

1. Entity Name

LAKE BRANDON ASSOCIATION, INC.



Principal Place of Business

**SUITE 3900
101 EAST KENNEDY BLVD.
TAMPA FL 33602**

Mailing Address

**SUITE 3900
101 EAST KENNEDY BLVD.
TAMPA FL 33602**

2. Principal Place of Business

3165 Lake Ellen Drive

3. Mailing Address

3165 Lake Ellen Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number **59-3437589**

Applied For

Not Applicable

Zip

Country

33618

Zip

Country

33618

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~**MULHOLLAND, RICHARD
SUITE 3900
101 EAST KENNEDY BLVD.
TAMPA FL 33602**~~

7. Name and Address of New Registered Agent

Name
Mulholland, Richard
Street Address (P.O. Box Number is Not Acceptable)
3165 Lake Ellen Drive
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE:

SIGNATURE REQUIRED *2-7-2003* *819* *224-0125*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)