

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005051

1. Entity Name

BRANDY CREEK HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90106 018 ****61.25

Principal Place of Business 503 N. ORLANDO AVE., STE. 105 COCOA BEACH FL 32931	Mailing Address 503 N. ORLANDO AVE., STE. 105 COCOA BEACH FL 32931-3171
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2. Principal Place of Business 4432 Parkway Comm Blvd Suite, Apt. #, etc.	3. Mailing Address P. O. Box 607098 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 59-3466103	Applied For Not Applicable
Zip 32808	Country USA	Zip 32860-7098	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHOEMAKER, JOHN B 503 N. ORLANDO AVE., STE. 105 COCOA BEACH FL 32931	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (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
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ANDERSON, RODGER 503 N. ORLANDO AVE., STE. 105 COCOA BEACH FL 32931 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Carey, Steve 1318 Brandy Lake View Circle Winter Garden, FL 34787 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT SHOEMAKER, JOHN B 503 N. ORLANDO AVE., STE. 105 COCOA BEACH FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Shoemaker, John B 503 N Orlando Ave., Suite 105 Cocoa Beach, FL 32931 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEE, SYLVIA 503 N. ORLANDO AVE., STE. 105 COCOA BEACH FL 32931 <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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** 3/2/00 (407) 294-7931
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/99)