2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State
09-11-2000 90060 025 ****61.25

DOCUMENT # N14361

1. Entity Name

BRAMBLE BLUFF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 PARK AVENUE. N. SUITE 326 WINTER PARK FL 32789 US	2180 PARK AVENUE. N. SUITE 326 WINTER PARK FL 32789-2358 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
444 W. New England Ave.	444 W. New England Ave.
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State: Winter Park, FL	City & State: Winter Park, FL
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number: 59-2768354 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRACKIN, ANDREA L 2180 PARK AVENUE N. SUITE 326 WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable): 444 W. New England Ave Suite B City: Winter Park FL Zip Code: 32789

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: Andrea L. Brackin Andrea L. Brackin - Reg. Agent 3/14/00
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD EFFALDANA, REBECCA 634 UPPERRIVER CT ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Smith, James 12319 Gingham Ct. Orlando, FL 32828	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WITMER, JIM 749 CAVE HOLLOW LANE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEEPLES, CHARLOTTE 12132 PILOT CT. ORLANDO FL 32828	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BAKER, DAVID 729 CAVE HOLLOW LANE ORLANDO FL 32828	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MISKOW, MICHAEL 12313 GINGHAM CT ORLANDO FL 32828	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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