## 2007 NOT-FOR-PROFIT CORPORATION

SIGNATURE: \_

## Mar 14, 2007 8:00 am **Secretary of State ANNUAL REPORT** 03-14-2007 90030 047 \*\*\*\*61.25 DOCUMENT # N97000005051 BRANDY CREEK HOMEOWNERS ASSOCIATION, INC. 40035528 Principal Place of Business Mailing Address C/O PREMIER COMMUNITY MANAGERS C/O PREMIER COMMUNITY MANAGERS 5151 ADANSON AVENUE, SUITE 103 5151 ADANSON AVENUE, SUITE 103 ORLANDO, FL 32804 ORLANDO, FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number Applied For 59-3466103 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PREMIER COMMUNITY MANAGERS, INC. Street Address P. O. Box Number is Not Acceptable NAGERS, INC. 5151 Adamson Street Suite 103 HOUSE, GARY C/O PREMIER COMMUNITY MANAGERS 5151 ADANSON AVE., STE. 103 Orlando, Florida 32804 ORLANDO, FL 32810 Zip Code City FL 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. 2.37-07 (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete ☐ Change Addition TITLE NAME DRISCOLL, JEFFREY NAME STREET ADDRESS STREET ADDRESS 1113 BRANDY CREEK DR CITY - ST - ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP VP TITLE Change ☐ Addition ☐ Delete TITLE NAME LYNN, RODNEY J NAMÉ STREET ADDRESS 2139 WINTERMERE POINTE STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP TITLE-ST-Delete TITLE ☐ Change ☐ Addition FUSS, JOHN NAME NAME STREET ADDRESS 1342 BRANDY LAKE VIEW CIR STREET ADDRESS CITY-ST-7IP WINTER GARDEN, FL 34787 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 without address, with all other like empowered.

OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Davime Phone #