2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2009
Secretary of State

DOCUMENT# 724069

Entity Name: BRANTLEY HARBOUR HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

101 BRANTLEY HALL LANE
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

104 HILLCREST DR
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-1633279 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VALDES, DENISA H PD
104 HILLCREST DR
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: GAYNOR, CLAIRE
Address: 105 HILLCREST DR
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete
Name: O'GRADY, PATRICK
Address: 301 BRANTLEY HBR
City-St-Zip: LONGWOOD, FL 32779

Title: PD ( ) Delete
Name: VALDES, DENISA
Address: 104 HILLCREST DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: ARMISTEAD, JOHN
Address: 211 CHERRY HILL CIR
City-St-Zip: LONGWOOD, FL 32779

Title: VD ( ) Delete
Name: CORNISH, DONALD
Address: 203 BRANTLEY HBR DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISA VALDES PD 06/23/2009
Electronic Signature of Signing Officer or Director — Date