FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

O MARIK KRARA UNUA DIKAK DIKIKA DINID KAN BIBIK BIDIK ATAN DIRIK BIRIK BIRIK ATAN

1996

736669

(3)

DOCUMENT # BRANDY COVE HOME OWNERS ASSOCIATION, INC.

						<u> </u>			
Principal Place	of Business	Mailing Address			-				
5501 KANAWH		5501 KANAWHA AVE SE CHARLESTON FL 25304							
•					3. [Date Incorporated or Qualified 08/25/1976		e of Last R 3/15/19	
2. Principal Pla	ice of Business	2a. Mailing Address		•	4. F	Et Number 59-1828924			pplied For lot Applicable
Suite, Apt. #	t etc	Suite, Apt. #, etc.				Certificate of Status Desired			Additional
22		27							lequired
City & State		City & State				Election Campaign Financing Frust Fund Contribution			May Be I to Fees
Zip	Country	Zip		ıntry	i	This corporation has liability fo			199.032,
24	25 29 30 9. Name and Address of Current Registered Agent		30	<u> 1 </u>		Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name and Address of Curre	nt Registered Agent		81 Na					650
OLSEN. I	ROBERT W. ESO.			82 Str	rect Address (P.C). Box Number is Not Accepta	<i>511411</i> 111		2-4
205 NOR	rth robalind avenue	200			200 h				
ORLAND	O.P.C 32802			63	Ju11	8 22		721 -	0.1
				84 Cit	C 1 - 1 5	ORD	FL	1 2	277/
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	es the abo	ove-name	ed corporation su	bmits this statement for the p	ourpose of cha	nging its re	egistered office
or register familiar wit	to the provisions of Sections 617.050 red agent, or both, in the State of Elo th, and accept the obligations of, Sec	rigs Such change was adminiza- ction 617.0503, Biorida Statute	ed by the	Corporation	on's posito ot dit	ectors. Thereby accept the up	_ /	10/0	
SIGNATURE _	111	sin the			ature required when rein		-A	19/9	<i>6</i>
12.		nt and trie policies (NC ND DI RECTORS	13.		s.ore required white re-	ADDITIONS/CHANGES TO O			
TILE	PD	DELETE		1.1 TITLE			[_ Change	☐ Addition
NAME	UNRUE, ALLEN D.		1.2)	NAME					
STREET ADDRESS	110 BRANDY COURT			STREET ADDR					
CITY-ST-ZIP	ENTERPRISE FL VD	DELETE		1.4 CITY - ST - ZIP 2.1 TITLE				Change	☐ Addition
TITLE NAME	TITUS, VERNA B.	Decerte		NAME					
STREET ADDRESS	5501 KANAWHA AVE SE		23	STREET ADDR	RESS				
CITY-ST-ZIP	CHARLESTON, W VA		2.4	CITY - ST - ZI	P				Part & database
TITLE	STD	DOELETE		TITLE				Change	Addition
NAME	TITUS, MARVIN S.			NAME expect appl	ncce l				
STREET ADDRESS	5501 KANAWHA AVE SE CHARLESTON, W VA		- 1	STREET ADDI CITY-ST-ZII	i i				
CHTY-ST-ZiP THILE	D CHARLESTON, W VA	DELETE		TITLE			·	Change	Addition
NAME	BUSSEY, ARTHUR S.	-	4.2	NAME					
STREET ADDRESS	111 BRANDY COURT		4.3	STREET ADD	ress				
CITY - ST - ZIP	ENTERPRISE FL			CITY-ST-ZII	Р			Change	□ &ddition
TITLE		☐ DELETE		TITLE				Creating	Addition
NAME	{			NAME CARCEL ADD	DECC				
STREET ADDRESS				STREET ADD CITY-ST-ZII					
CITY-ST-ZIP TITLE		DELETE		TITLE	,			Change	Addition
NAME				NAME					
STREET ADDRESS			6.3	STREET ADD	ORESS				
CITY-S1-ZIP			64	CITY-ST-ZI	IP	execution stated in English 1	40.07/0V/A FO	orido Stot	doe I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated in 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated in 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated in 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated in 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated in 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated in 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated in 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated in 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated in 119.07(3)(k), Fiorida Statutes. I