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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **736669** **(3)**

1. Corporation Name

BRANDY COVE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~5501 KANAWHA AVE.. SE~~ ~~CHARLESTON FL 25304~~	5501 KANAWHA AVE.. SE CHARLESTON FL 25304-2311

3. Date Incorporated or Qualified: 08/25/1976
3a. Date of Last Report: 02/22/1996

2. Principal Place of Business
21: 1557 Barker Drive
22: Suite, Apt. #, etc.
23: City & State: Enterprise, Florida
24: Zip: 32725 25: Country: USA

2a. Mailing Address
26: 1557 Barker Drive
27: Suite, Apt. #, etc.
28: City & State: Enterprise, Florida
29: Zip: 32725 30: Country: USA

4. FEI Number: 59-1828924 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMMONS, CLAYTON D
200 WEST 1ST STREET
SUITE 22
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	UNRUE, ALLEN D.		1.2 NAME	
STREET ADDRESS	110 BRANDY COURT		1.3 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE FL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TITUS, VERNA B.		2.2 NAME	
STREET ADDRESS	5501 KANAWHA AVE SE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON, W VA		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TITUS, MARVIN S.		3.2 NAME	
STREET ADDRESS	5501 KANAWHA AVE SE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON, W VA		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BUSSEY, ARTHUR S.		4.2 NAME	
STREET ADDRESS	111 BRANDY COURT		4.3 STREET ADDRESS	
CITY-ST-ZIP	ENTERPRISE FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marvin S. Titus Secy/Treasurer Feb. 12, 1997 407-324-1517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED