


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 736669
 1. Entity Name
BRANDY COVE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1557 BARKER DR. **1557 BARKER DR.**
ENTERPRISE FL 32725 **ENTERPRISE FL 32725**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
59-1828924 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

TITUS, MARVIN S
1557 BARKER DR.
ENTERPRISE FL 32725

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE DATE
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME **STICKELS, ALICE**
 STREET ADDRESS **212 BRANDY COURT**
 CITY-ST-ZIP **ENTERPRISE FL 32725**

TITLE STD Delete
 NAME **TITUS, MARVIN S.**
 STREET ADDRESS **1557 BARKER DRIVE**
 CITY-ST-ZIP **ENTERPRISE FL 32725**

TITLE D Delete
 NAME **TITUS, VERNA B**
 STREET ADDRESS **1557 BARKER DRIVE**
 CITY-ST-ZIP **ENTERPRISE FL 32725**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Add
 NAME **U00000427648**
 STREET ADDRESS **02/21/06-80012-024 61.25**
 CITY-ST-ZIP

TITLE Change Add
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TITLE Change Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 with an address, with all other like empowered.

Handwritten signatures and dates at the bottom of the page.