


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90055 045 ****61.25

DOCUMENT # 736669

1. Entity Name
BRANDY COVE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
 1557 BARKER DR.
 ENTERPRISE, FL 32725 US

Mailing Address
 1557 BARKER DR.
 ENTERPRISE, FL 32725 US

4000693U



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01092008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-1828924

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

TITUS, MARVIN S
1557 BARKER DR.
ENTERPRISE, FL 32725

7. Name and Address of New Registered Agent

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STICKELS, ALICE	
STREET ADDRESS	212 BRANDY COURT	
CITY-ST-ZIP	ENTERPRISE, FL 32725	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TITUS, MARVIN S.	
STREET ADDRESS	1557 BARKER DRIVE	
CITY-ST-ZIP	ENTERPRISE, FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	TITUS, VERNA B	
STREET ADDRESS	1557 BARKER DRIVE	
CITY-ST-ZIP	ENTERPRISE, FL 32725	
TITLE	CD	<input type="checkbox"/> Delete
NAME	KLEINSCHMIDT, CHARLES	
STREET ADDRESS	220 BRANDY CT.	
CITY-ST-ZIP	ENTERPRISE, FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 with an address, with all other like empowered.

SIGNATURE: Marvin S. Titus 1-15-08 407-324-1512
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #