## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 736669**

1. Entity Name

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

BRANDY COVE HOME OWNERS ASSOCIATION, INC.



**FILED** Jan 31, 2003 8:00 am Secretary of State

01-31-2003 90158 020 \*\*\*\*61.25

|   |  |   | 9   | WE TR  |   |              |                             |  |
|---|--|---|---|--|---|--------------|-----------------------------|--|
| Principal Place of Business<br>1557 BARKER DR.<br>ENTERPRISE FL 32725<br>US   |  | Mailing Address 1557 BARKER DR ENTERPRISE FL 32725 US |   |  |   |              |                             |  |
| 2. Principal Place of Business  |  | 3. Mailing Address                                    |   |  |   |              |                             |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                   |   |  | ☐ CHECK HERE IF MAKING CHANGES  |              |                             |  |
| City & State  |  | City & State  |   | 4. FEI Nu  | 39 1020324  |              | pplied For<br>ot Applicable |  |
| Zip Country   |  | Zip   | Zip Country                                   |  | 5. Certificate of Status Desired See Required   |              | ditional                    |  |
|   | 6. Name and Address of Curre   | nt Registered Agent                                   |   | 7. Name  | and Address of New Register   | red Agent    |                             |  |
|   | The same way to be a second  | ,   | - Name  |  | د د چېدسمېديو د د پرسېټ   |              |                             |  |
| SIMMONS, CLAYTON D<br>200 WEST 1ST STREET<br>SUITE 22   |  |   |   | Street Address (P.O. Box Number is Not Acceptable) |   |              |                             |  |
| SANFORD   |  |   | City  |  |   | FL Zip Coo   | de                          |  |
| SIGNATURE Signature typed or printed frame of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)  FILE NOW: FEE IS \$61.25  9. Election Campain Trust Fund Control |  |   | ampaign Financing                             |  | \$5.00 May Be Added to Fees  State  Make Check Payable to Florida Department of State |              |                             |  |
| 10.   | OFFICERS AND   | DIRECTORS   | 11.   | ADDITIONS  |   | DIRECTORS IN | V 10                        |  |
| TITLE NAME STREET ADDRESS   | PD<br>Stickels, Alke<br>212 Brandy Court                                       | □ Delete  | TITLE  NAME  STREET ADDRES  CITY-ST-ZIP       | stickels,  |   | ₩ Change     | Addition                    |  |
| TITLE NAME STREET ADDRESS   | ENTERPRISE FL 32725 STD TITUS, MARVIN S. 1557 BARKER DRIVE ENTERPRISE FL 32725 | ☐ Delete  | TITLE NAME STREET ADDRES CITY-ST-ZIP          | S  |   | ☐ Change     | Addition                    |  |
| -TITLE<br>NAME<br>STREET ADDRESS  | D<br>BUSSEY, ARTHUR S.<br>220 BRANDY ST<br>ENTERPRISE FL                       | → Delete →  | NAME STREET ADDRES CITY-ST-ZIP                | Verna E<br>1551 Ba<br>Enteror                      | , Titus<br>rKerDrive<br>15e, FL 32725   | 一三:Change    | 🗖 Addition                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  | ☐ Defete  | TITLE<br>NAME<br>STREET ADDRES<br>CITY-ST-ZIP |  |   | ☐ Change     | ☐ Addition                  |  |
| TITLE   |  | ☐ Delete  | TITLE   |  |   | ☐ Change     | ☐ Addition                  |  |

12. Thereby 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 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

☐ Delete

Addition