FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 11:24

DOCUMENT # 761186 (6)

1. Corporation Name
BRANDY CHASE VILLAGE HOMEOWNERS ASSOCIATION,INC.

Principal Place of Business	Mailing Address
45 BRANDY CHASE BLVD. WINTER HAVEN FL 33880 US	45 BRANDY CHASE BLVD. WINTER HAVEN FL 33880 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1981
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2412330 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

KIRCHLER, LOUIS
39 ~~IE~~ KIMBERLY COURT SW
WINTER HAVEN FL 33880

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	D	☒ Change ☐ Addition
NAME	KENWORTHY, JAMES	1.2 NAME	KENWORTHY, JAMES	
STREET ADDRESS	27 KIMBERLY COURT SW	1.3 STREET ADDRESS	27 Kimberly Court SW	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	~~VD~~	2.1 TITLE	VD	☒ Change ☒ Addition
NAME	~~RICHARDSON, DOLORES~~	2.2 NAME	CARRELL, MARY	
STREET ADDRESS	~~40 KIMBERLY COURT SW~~	2.3 STREET ADDRESS	11 Kendra Court SW	
CITY-ST-ZIP	~~WINTER HAVEN FL~~	2.4 CITY-ST-ZIP	~~Winter Haven, FL 33880~~	
TITLE	SD	3.1 TITLE		☐ Change ☐ Addition
NAME	LEMONDS, MANUELINE	3.2 NAME		
STREET ADDRESS	42 KIMBERLY COURT SW	3.3 STREET ADDRESS	CORRECT AS YOU HAVE IT SHOWN	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	PD	☐ Change ☒ Addition
NAME	ENSELL, JACK	4.2 NAME	ENSELL, JACK	
STREET ADDRESS	22 KENDRA COURT SW	4.3 STREET ADDRESS	22 Kendra Court SW	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	~~D~~	5.1 TITLE	TD	☒ Change ☒ Addition
NAME	~~ROWSEY, HENRY~~	5.2 NAME	KIRCHLER, LOUIS	
STREET ADDRESS	~~24 KENDRA COURT SW~~	5.3 STREET ADDRESS	39 Kimberly Court SW	
CITY-ST-ZIP	~~WINTER HAVEN FL~~	5.4 CITY-ST-ZIP	~~Winter Haven, FL 33880~~	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Jack Ensell 1/30/95 813-294-3837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK ENSELL, PRESIDENT

0050513