

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 761186**

1. Entity Name

BRANDY CHASE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**45 BRANDY CHASE BLVD.
WINTER HAVEN FL 33880
US**

Mailing Address

**45 BRANDY CHASE BLVD.
WINTER HAVEN FL 33880
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENWORTHY, JAMES
27 KIMBERLY COURT SW
WINTER HAVEN FL 33880**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	GOODRICH, REGINALD	
STREET ADDRESS	37 KIMBERLY COURT	
CITY-ST-ZIP	WINTER HAVEN FL	

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANNER, MARY	
STREET ADDRESS	10 KENDRA COURT	
CITY-ST-ZIP	WINTER HAVEN, FL. 33880	

TITLE	D	<input type="checkbox"/> Delete
NAME	RANKIN, HERBERT	
STREET ADDRESS	32 KIMBERLY CT. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	S	<input type="checkbox"/> Delete
NAME	TULLY, JUDY	
STREET ADDRESS	24 KENDRA COURT	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KENIBDS, BURL	
STREET ADDRESS	42 KIMBERLY CT. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEMONDS, BURL	
STREET ADDRESS	42 KIMBERLY CT. SW	
CITY-ST-ZIP	WINTER HAVEN, FL. 33880	

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENWORTHY, JAMES	
STREET ADDRESS	27 KIMBERLY CT. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DV	<input type="checkbox"/> Delete
NAME	MARINO, BRIAN	
STREET ADDRESS	26 KENDRA CT. SW	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

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 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.

SIGNATURE: *James Kenworthy***SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 10, 2002 863-299-1911

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)