

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90209 029 ****61.25

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

4. FEI Number **59-2412330**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

See Ch #1255

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 **TD** ☐ Delete
NAME **TANNER, MARY**
STREET ADDRESS **10 KENDRA COURT**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RANKIN, HERBERT**
STREET ADDRESS **32 KIMBERLY CT. SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **DV** ☐ Change ☒ Addition
NAME **RANKIN, HERBERT**
STREET ADDRESS **32 Kimberly Ct. SW**
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE **S** ☐ Delete
NAME **TULLY, JUDY**
STREET ADDRESS **24 KENDRA COURT**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KENIBOS, BURL**
STREET ADDRESS **42 KIMBERLY CT. SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☒ Change ☐ Addition
NAME **LEMONDS, BURL**
STREET ADDRESS **42 Kimberly Ct. SW**
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE **PD** ☒ Delete
NAME **KENWORTHY, JAMES**
STREET ADDRESS **27 KIMBERLY CT. SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **D** ☒ Change ☐ Addition
NAME **SHONECK, JAMES**
STREET ADDRESS **15 Kendra Ct. SW**
CITY-ST-ZIP **Winter Haven, FL 33880**

TITLE **DV** ☐ Delete
NAME **MARINO, BRIAN**
STREET ADDRESS **26 KENDRA CT. SW**
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE **PD** ☒ Change ☐ Addition
NAME **MARINO, BRIAN**
STREET ADDRESS **28 Kendra Ct. SW**
CITY-ST-ZIP **Winter Haven, FL 33880**

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 life empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 13, 2003 863-299-2909

CR2E037 (10/02)

Attachment

DR. # 761186

80009172

This is the 2nd
Year we have
asked you to correct
the name of Burl Lemons.
Thank you