


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 763093**  
 1. Entity Name  
**BRANTLEY COVE NORTH HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**1347 CLASSIC COURT NORTH**      **1347 CLASSIC COURT NORTH**  
**LONGWOOD, FL 32779**              **LONGWOOD, FL 32779**

**DO NOT WRITE IN THIS SPACE**



01152006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-2568530**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**JONES, GERALD W., JR.**  
**1347 CLASSIC COURT NORTH**  
**LONGWOOD, FL 32779**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHULTZ, ROBERT 1360 CLASSIC CT.,N. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHULTZ, GAIL 1360 CLASSIC CT.,N. LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLINGSWORTH, BRAD 1356 CLASSIC COURT NORHT LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/25/06-00025-020 61.25

**DO NOT WRITE IN THIS SPACE**

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 an other like empowered.

**SIGNATURE:** *Robert W. Schultz* **ROBERT W. SCHULTZ**      1/17/2006      407-774-5334  
 \_\_\_\_\_      PRESIDENT      Date      Daytime Phone #