

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # 765955	
1. Entity Name BRANDON OAKES HOMEOWNERS ASSOCIATION, INC. #1	

Principal Place of Business 2218 HWY 44 WEST INVERNESS, FL 34453	Mailing Address 2218 HWY 44 WEST INVERNESS, FL 34453
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-NP CR2E037 (10/03)

4. FCI Number 59-3074027	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NELSON, JOHN A.
2218 HWY 44 WEST
INVERNESS, FL 34453**

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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 _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1000000106391 04/08/04 06014 003 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	D BLOOD, IRENE 3771 N GOLDENCUP TERR BEVERLY HILLS, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP COUTU, GEORGE 4021 SW 6TH AVE. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DST COUTU, DOROTHEA 4021 SW 6TH AVE. OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 a different name empowered.

SIGNATURE: Dorothea Coutu Dorothea Coutu 4/6/04 (352)237-8239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR