


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 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



04042005 No Chg-NP CR2E037 (10/03)

4. FCI Number 59-3074027	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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04/06/05-80015-009 61.25

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 all other like empowered.

SIGNATURE: Dorothea Coutu Dorothea Coutu 4/4/05 (352) 237-8239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone