


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90101 046 ****61.25

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																										
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 59-3074027			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			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLOOD, IRENE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3771 N GOLDENCUP TERR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BEVERLY HILLS, FL</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Coutu, Nicholas</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4021 SW 6 AVE.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>OCALA, FL 34474</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	BLOOD, IRENE		STREET ADDRESS	3771 N GOLDENCUP TERR		CITY-ST-ZIP	BEVERLY HILLS, FL		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Coutu, Nicholas		STREET ADDRESS	4021 SW 6 AVE.		CITY-ST-ZIP	OCALA, FL 34474	
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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 all other like empowered.

SIGNATURE: Dorothea Coutu Dorothea Coutu 4-11-06 352 237 8239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #