

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003346

FILED
Jun 27, 2006
Secretary of State

Entity Name: BRATT COMMUNITY PARK, INC.

Current Principal Place of Business:

3451 LAMBERT BRIDGE RD
MCDAVID, FL 32568

New Principal Place of Business:

Current Mailing Address:

3451 LAMBERT BRIDGE RD
MCDAVID, FL 32568

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCALL, MIKE
3451 LAMBERT BRIDGE RD
MCDAVID, FL 32568 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCALL, MIKE
Address: 3451 LAMBERT BRIDGE RD
City-St-Zip: MCDAVID, FL 32568

Title: VD () Delete
Name: CARAWAY, CLARK
Address: 3020 BRESTWORKS RD
City-St-Zip: MCDAVID, FL 32568

Title: TD () Delete
Name: GILMORE, ELTON
Address: 3330 N PINE BARRON RD
City-St-Zip: MCDAVID, FL 32568

Title: S () Delete
Name: HOLLAND, AMY
Address: 2901 BRESTWORKS ROAD
City-St-Zip: MC DAVID, FL 32568

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY HOLLAND

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06/27/2006

Electronic Signature of Signing Officer or Director

_____ Date