

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003458

FILED
Sep 01, 2004
Secretary of State

Entity Name: THE SCIENCES AT LAKE BRANTLEY ASSOCIATION, INC.

Current Principal Place of Business:

991 SAND LAKE ROAD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

991 SAND LAKE ROAD
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3720921

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, ROBERT
995 S.R. 434 NORTH
SUITE 2720
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

BURLINGAME, SCOTT
405 FOX VALLEY DRIVE
LONGWOOD, FL 32779 US

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: SCOTT BURLINGAME

09/01/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROBBINS, ROBERT
Address: 539 TIMBER RIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: FOREMAN, KENT
Address: 266 LAKAY PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: VD (X) Delete
Name: ZELKOWITZ, DEBORAH
Address: 404 TIMBER RIDGE DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: BEHEL, SUSAN
Address: 1725 BLACKMON COURT
City-St-Zip: LONGWOOD, FL 32779

Title: T () Delete
Name: BERRY, YVONNE
Address: 509 SABAL TRAIL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BURLINGAME, SCOTT
Address: 405 FOX VALLEY DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: T (X) Change () Addition
Name: BERRY, YVONNE M
Address: 509 SABAL TRAIL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: YVONNE M. BERRY

T

09/01/2004

Electronic Signature of Signing Officer or Director

Date