

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003458

FILED
Jul 21, 2006
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 ()**
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:

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

Name and Address of New Registered Agent:

BERRY, YVONNE
509 SABAL TRAIL CIRCLE
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: YVONNE BERRY

07/21/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BURLINGAME, SCOTT
Address: 405 FOX VALLEY 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 M
Address: 509 SABAL TRAIL CIRCLE
City-St-Zip: LONGWOOD, FL 32779

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:

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: YVONNE M. BERRY

MS

07/21/2006

Electronic Signature of Signing Officer or Director

Date