

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

DOCUMENT# N01000005980

**Entity Name:** BRANNAN MILL PLANTATION HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

AWAKENINGS ASSOCIATION MANAGEMENT, INC.  
4213 COUNTY ROAD 218 SUITE 1  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

BRANNAN MILL PLANTATION HOMEOWNERS'  
4213 COUNTY ROAD 218 SUITE 1  
MIDDLEBURG, FL 32068

**New Mailing Address:**

**FEI Number:** 59-3742411      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELCOMYN, VINA C  
4759 LEOPARD CIRCLE  
MIDDLEBURG, FL 32068      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: RODRIGUEZ, HECTOR  
Address: 1807 SAW LAKE DR  
City-St-Zip: MIDDLEBURG, FL 32068

Title: STD      ( ) Delete  
Name: POTTER, MARIANNE  
Address: 1864 PINETA COVE DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D      (X) Delete  
Name: PUTNAM, FRANK  
Address: 1821 HEARTPINE DRIVE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: VPD      ( ) Delete  
Name: RICK, SMITH  
Address: 4150 WEATHERED PINE CT  
City-St-Zip: MIDDLEBURG, FL 32068

**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 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: HECTOR RODRIGUEZ

PD

04/23/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date