

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jun 23, 2009  
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  
4213 COUNTY RD 218 SUITE 1  
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:** MILLICAN, CAROL  
**Address:** 4213 COUNTY RD 218, SUITE 1  
**City-St-Zip:** MIDDLEBURG, FL 32068**Title:** VP      ( ) Delete  
**Name:** OTTOMEYER, RUTH  
**Address:** 4213 COUNTY RD 218 SUITE 1  
**City-St-Zip:** MIDDLEBURG, FL 32068**Title:** TREA      ( ) Delete  
**Name:** APPLETON, LORI  
**Address:** 4213 COUNTY RD 218 SUITE 1  
**City-St-Zip:** MIDDLEBURG, FL 32068**Title:** SEC      ( ) Delete  
**Name:** BRAVO, JONNI  
**Address:** 4213 COUNTY RD 218 SUITE 1  
**City-St-Zip:** MIDDLEBURG, FL 32068**Title:** BOD      ( ) Delete  
**Name:** GUSSLER, JON  
**Address:** 4213 COUNTY RD 218 SUITE 1  
**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:****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: CAROL MILLICAN

PD

06/23/2009

Electronic Signature of Signing Officer or Director

Date