

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001975

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** BRANDON FORREST RESERVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5522 NW 43RD ST  
SUITE B  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

5522 NW 43RD ST  
SUITE B  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:** 51-0424735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOSSHARDT PROPERTY MANAGEMENT LLC  
5522 NW 43 STREET  
SUITE B  
GAINESVILLE, FL 32653 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  
Name: COANE, RICHARD  
Address: 2916 FOREST RESERVE PL  
City-St-Zip: SEFFNER, FL 33584

Title: D  
Name: TAYLOR, MIKE  
Address: 2934 FOREST RESERVE PL.  
City-St-Zip: SEFFNER, FL 33584

Title: TD  
Name: HARVEY, KEITH  
Address: 2935 FOREST RESERVE PL  
City-St-Zip: SEFFNER, FL 33584

Title: DV  
Name: WAYNE, DAVID  
Address: 2918 FOREST RESERVE PL  
City-St-Zip: SEFFNER, FL 33584

Title: SD  
Name: SHIMKES, CRAIG  
Address: 2906 FOREST RESERVE PL.  
City-St-Zip: SEFFNER, FL 33584

I hereby 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 all other like empowered.

SIGNATURE: RICHARD COANE

PRES

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date