

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000012029

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** BRANDON OAK COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

243 BAY GROVE RD  
FREEPORT, FL 32439

**New Principal Place of Business:**

497 BAY GROVE RD  
FREEPORT, FL 32439

**Current Mailing Address:**

243 BAY GROVE RD  
FREEPORT, FL 32439

**New Mailing Address:**

497 BAY GROVE RD  
FREEPORT, FL 32439

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEIMORTS, MICHAEL L ESQUIRE  
4507 FULING LANE, STE 209 THE PLAZA  
DESTIN, FL 32541 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: D ( ) Delete  
Name: ROCKETT, ROLLIN IV  
Address: 333 W MIRCALE STRIP PKYW  
City-St-Zip: MARY ESTHER, FL 32569

Title: D ( ) Delete  
Name: ROBERTSON, BRANDON  
Address: 495 LINKSIDE DR  
City-St-Zip: DESTIN, FL 32550

Title: D ( ) Delete  
Name: RHOADS, MATT  
Address: 246 E SHIPWRECK RD  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**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: MATTHEW RHOADS

D

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date