## 2006 NOT-FOR-PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # N05000004372 1. Entity Name LAKE BRANDON TOWNHOMES HOMEOWNERS

Stonabure, typed or printed name of registered event and title it explicable



**FILED** 

Feb 24, 2006 8:00 am Secretary of State

01-30-2006 90036 005 \*\*\*\*61.25

ASSOCIATION, INC.

Principal Place of Business

TAMPA, FL 33609

600 N. WESTSHORE BLVD., SUITE 400

Mailing Address

600 N. WESTSHORE BLVD., SUITE 400

TAMPA, FL 33609

Principal Place of Business	3. Mailing Address	ŀ
Suite, Apt. #, etc.	Suite, Apt. #, etc.	011

66002527 

Suite, Apt. #, etc.  Suite, Apt. #, etc.		3. Mailing Address	3. Mailing Address		L HOUSEN OUR BOILE OVIN OUIN BOIN BOIN BOIN BOIN BOIN BOIN BORN CHARLON IN HOUSE IN INCHES OF THE PROPERTY.				
		:		01132006 Chg-NP CR2E037 (11/05)					
City & State	<del></del>	City & State			4. FEI Number	Applied For			
	Country Zip			H1-2184806	Not Applicable				
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired   \$8.75 Fee Re	5 Additional equired			
6.	Name and Address of Cur	rent Registered Agent			7. Name and Address of New Registered Agent				
O'RYAN, CHR 2701 N. ROCK TAMPA, FL. 33	Y POINT DR., SUITE	930		me eet Address	(P.O. Box Number is Not Acceptable)				
, AMIEA, EL 3	;		Cir	· · · · · · · · · · · · · · · · · · ·		Code			

8. 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. I am familiar with, and accept the obligations of registered agent.

(NOTE: Pegistered Apent stonesure required when reinstatung)

		<u> </u>								
	Filing Fee is \$61.25 Due by May 1, 2006	9. Election Camp Trust Fund Co		\$5.00 May Be		ck payable t artment of S				
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELCHHOLT, DUSTY 600 N. WESTSHORE BLVD., SUITE 400 TAMPA, FL 33609	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition -			
TITLE HAME STREET ADDRESS CITY-ST-ZIP	VD LYONS, JOHN 600 N. WESTSHORE BLVD., SUITE 400 TAMPA, FL 33609	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	michael Ca 600 n. west Tampa, H	tshore Bly	Change ☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY+ST-ZP-	STD KOUWENHOVEN, BILL 600 N. WESTSHORE BLVD., SUITE 400 -TAMPA, FL-33609	Defete	TITLE MAME STREET ADDRESS CITY-ST-ZEP	KEVIN M. K GOOM. West	larkowski hore Blv	3 <del></del> #-4	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2_	Delete	TITLE NAME - STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition			
TITLE : NAME STREET ADDRESS	5	Delete	TITLE NAME STREET ADDRESS	WILLIAM SANCARIA	E. J. Ocean Less Mari	Change	Addition			
CITY_5T.7ID	i san a a constant a c		CITY C1 300							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 1.19. Florida Statutes! I lurther certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all gifter like empowered.

Kevin M. Klarkowki 1/12/06 (A13)901-85263 SIGNATURE: 16 SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED
FEB 1 7 2006
BY:\_\_\_\_\_

February 2, 2006

LAKE BRANDON TOWNHOMES HOMEOWNERS ASSOCIATION, INC. 600 N. WESTSHORE BLVD., SUITE 400 TAMPA, FL 33609

Subject: LAKE BRANDON TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Reference Number:

-- N05000004372

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION