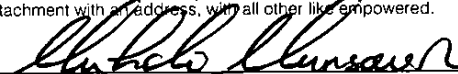


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90212 006 ****61.25

DOCUMENT # N05000004372 1. Entity Name LAKE BRANDON TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 600 N. WESTSHORE BLVD., SUITE 400 TAMPA, FL 33609			Mailing Address 9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address PO Box 781291 Suite, Apt. #, etc.			
City & State		City & State Orlando, Florida		4. FEI Number 41-2187806	
Zip 32878		Country US		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent O'RYAN, CHRISTIAN F 2701 N. ROCKY POINT DR., SUITE 930 TAMPA, FL 33607			7. Name and Address of New Registered Agent Name: Community Resource Mgmt Street Address (P.O. Box Number is Not Acceptable): 19 E. Central Blvd. City: Orlando FL Zip Code: 32801		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
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	PD Mahdi Mansour PO Box 781291 Orlando, FL 32878	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CACHON, MICHAEL 600 N. WESTSHORE BLVD., SUITE 400 TAMPA, FL 33609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Craig Hotop PO Box 781291 Orlando, FL 32878	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MIDDLETON, HEATHER 600 N. WESTSHORE BLVD., SUITE 400 TAMPA, FL 33609	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Jennifer Siemering PO Box 781291 Orlando, FL 32878	☐ Change ☒ 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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 other like empowered.					
SIGNATURE: 			4/14/08 (813) 888-1033		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		