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	Mailing Address
600 N. WESTSHORE BLVD., SUITE 400 TAMPA, FL 33609	9887 FOURTH STREET NORTH SUITE 301 ST. PETERSBURG, FL 33702

04092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	PO Box 781291
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Orlando, Florida
Zip / Country	Zip: 32878 / Country: US

4. FEI Number: 41-2187806 ☐ Applied For ☐ Not Applicable

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

ENTERED

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 _____
Signature, typed or printed name of registered agent and title if applicable (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
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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: Mahdi Mansour 4/14/08 (813) 888-1033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #