

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009730

FILED
Apr 30, 2008
Secretary of State

Entity Name: EAST BRANDON CENTER MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

505 EAST JACKSON ST.
SUITE 202
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

505 EAST JACKSON ST.
SUITE 202
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-8840099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, RICHARD A
505 EAST JACKSON ST
SUITE 202
TAMPA, FL 33602 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: PATEL, PRATIV
Address: 815 GREENWOOD COURT
City-St-Zip: BRANDON, FL 33511

Title: D () Delete
Name: ROBERTS, PAUL
Address: 4111 IMPERIAL EAGLE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: GOSLIN, CHRIS
Address: 1211 NORTH WESTSHORE BLVD. SUITE 105
City-St-Zip: TAMPA, FL 33607

Title: PD () Delete
Name: PATEL, PRATIV
Address: 815 GREENWOOD COURT
City-St-Zip: BRANDON, FL 33511

Title: VP () Delete
Name: GOSLIN, CHRIS
Address: 1211 NORTH WESTSHORE BLVD. SUITE 105
City-St-Zip: TAMPA, FL 33607

Title: S/T () Delete
Name: ROBERTS, PAUL
Address: 4111 IMPERIAL EAGLE DRIVE
City-St-Zip: VALRICO, FL 33594

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:

Title: () Change () Addition
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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 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: PRATIV PATE

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date