

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N06000004526

1. Entity Name
BRACKIN PLACE TOWNHOMES OWNERS ASSOCIATION, INC.



Principal Place of Business 109 SOUTH AVENUE FT WALTON BCH, FL 32547	Mailing Address 109 SOUTH AVENUE FT WALTON BCH, FL 32547
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01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5472210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALLIN, SHAWN G
 5 BEDFORD PLACE NE
 FT WALTON BCH, FL 32547

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALLIN, SHAWN G 5 BEDFORD PLACE, NE FT WALTON BCH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHAVEZ, ROGELIO 109 SOUTH AVENUE FT WALTON BCH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MALLIN, JENNIFER 5 BEDFORD PLACE, NE FT WALTON BCH, FL 32547
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Shawn G. Mallin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____