

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012348

FILED
Jan 03, 2008
Secretary of State

Entity Name: LAKE BRANTLEY LAKE MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

125 LAKE RENA DRIVE
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

125 LAKE RENA DRIVE
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-8176882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JURGENS, J.A.
505 WEKIVA SPRINGS ROAD, SUITE 500
LONGWOOD, FL 32779 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: PD () Delete
Name: STREETMAN, FRED
Address: 125 LAKE RENA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: VPD () Delete
Name: SKINNER, BOB
Address: 1510 TRACY DEE WAY
City-St-Zip: LONGWOOD, FL 32779

Title: SD () Delete
Name: HILEY, CHUCK
Address: 2120 W. LAKE BRANTLEY DR
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: CHILTON, WAYNE
Address: 876 SWEETWATER ISLAND CIRCLE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: BLOODSWORTH, SEAN
Address: 213 MONTEREY ISLE NORTH
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: BRADY, LOU
Address: 1351 CLASSIC CIRCLE NORTH
City-St-Zip: LONGWOOD, FL 32779

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
Name:
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: FRED STREETMAN

PD

01/03/2008

Electronic Signature of Signing Officer or Director

Date