2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# N06000012348

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 01/27/2009

Electronic Signature of Signing Officer or Director — Date