
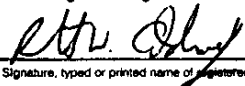
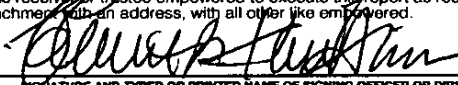


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90023 049 ****61.25

DOCUMENT # N07000004997					
1. Entity Name BRANTLEY PROFESSIONAL OFFICE PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2855 WEST STATE ROAD 434 LONGWOOD, FL 32779		Mailing Address 2855 WEST STATE ROAD 434 LONGWOOD, FL 32779			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 160895			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State AltaMonte Spr. Fla.		4. FEI Number 26-0883774	
Zip	Country	Zip 32716	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRIVEDI & ASSOCIATES, PL 37 NORTH ORANGE AVENUE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Robert W. Caldwell Street Address (P.O. Box Number is Not Acceptable) 801 W. SR 436 Suite 2225 City Altamonte Springs FL Zip Code 32714		
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 		Robert W. Caldwell		3-7-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DUNN, RICHARD 2855 WEST STATE ROAD 434 LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAVASTANO, NICK 2855 WEST STATE ROAD 434 LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOPKINS, ROBERT 2855 WEST STATE ROAD 434 LONGWOOD, FL 32779	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hawkin, Robert E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Lipkin, Lauren 2855 West State Road 434 Longwood, FL. 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 receiving 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: 			2/13/08		407 8622299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #