2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004997

FILED Apr 21, 2009 Secretary of State

Entity Name: BRANTLEY PROFESSIONAL OFFICE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2855 WEST STATE ROAD 434 LONGWOOD, FL 32779

Current Mailing Address: New Mailing Address:

P O BOX 160895 ALTAMONTE SPRINGS, FL 32716

FEI Number: 26-0883774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALDWELL, ROBERT W 801 W SR 436 SUITE 2225 ALTAMONTE SPRINGS, FL 32714 US

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:

Flateria Circular Davidand Anna

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: VPD () Delete Title: () Change () Addition
Name: SAVASTANO, NICK Name:
Address: 2855 NIEST STATE BOAD 434

Address: 2855 WEST STATE ROAD 434 Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

 Name:
 HAWKIN, ROBERT E
 Name:

 Address:
 2855 WEST STATE ROAD 434
 Address:

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

Name: LIPKIN, LAUREN Name: LIPKIN, BRAD

 Address:
 2855 W STATE ROAD 434
 Address:
 2855 W STATE ROAD 434

 City-St-Zip:
 LONGWOOD, FL 32779
 City-St-Zip:
 LONGWOOD, FL 32779

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: ROBERT HAWKIN PD 04/21/2009