

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008690

FILED  
Feb 13, 2008  
Secretary of State

**Entity Name:** BRANDON PLACE COMMERCIAL CONDOMINIUMS OWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

109 SOUTH AVE  
PORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

139 SW BEAL PKWY  
SUITE O  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

109 SOUTH AVE  
PORT WALTON BEACH, FL 32547

**New Mailing Address:**

P.O. BOX 4686  
FORT WALTON BEACH, FL 32549

FEI Number: 26-0891364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALLIN, SHAWN G  
109 SOUTH AVE  
PORT WALTON BEACH, FL 32547 US

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

MALLIN, SHAWN G  
109 SOUTH AVE  
FORT WALTON BEACH, FL 32547 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:

02/13/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MALLIN, SHAWN G  
Address: 109 SOUTH AVE  
City-St-Zip: PORT WALTON BEACH, FL 32547

Title: DST ( ) Delete  
Name: CONNART, DAVID  
Address: 1234 AIRPORT ROAD #121  
City-St-Zip: DESTIN, FL 32541

Title: DV ( ) Delete  
Name: MARR, THOMAS  
Address: 109 SOUTH AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: MALLIN, SHAWN G  
Address: 109 SOUTH AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: MARR, THOMAS  
Address: P.O. BOX 4686  
City-St-Zip: FORT WALTON BEACH, FL 32549

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: THOMAS MARR

DV

02/13/2008

Electronic Signature of Signing Officer or Director

Date