

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:10

DOCUMENT # N14361

1. Corporation Name

BRAMBLE BLUFF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W SR 434

2180 W SR 434

SUITE 5000

SUITE 5000

LONGWOOD FL 32770

LONGWOOD FL 32770

US

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1986

3a. Date of Last Report

03/10/1994

4. FEI Number

59-2768354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 601(c)(3)

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 190 (3)?

Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

7in

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W JR

SENTRY MANAGEMENT

2180 W. ST. RD. 434, SUITE 5000

LONGWOOD FL 32770

81 Name

Brett M. Jordan

82 Street Address (P.O. Box Number is Not Acceptable)

2180 Park Ave North

83

Suite 326

84

City Winter Park

FL

85 Zip Code 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHOOTER, BILL
STREET ADDRESS	12107 CALABOOSE COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	STD
NAME	WITMER, JIM
STREET ADDRESS	749 CAVE HOLLOW LANE
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	DWYER, WILLIAM
STREET ADDRESS	606 CAVE HOLLOW LA
CITY - ST - ZIP	ORLANDO FL
TITLE	V
NAME	FERTH, JOSEPH
STREET ADDRESS	12003 BULLFROG COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	D
NAME	RODRIGUEZ, VICTOR
STREET ADDRESS	12251 CALABOOSE COURT
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	PD ☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	DST ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	DVP ☒ Change ☐ Addition
4.2 NAME	Goral, Charmaine
4.3 STREET ADDRESS	651 Upper River Ct.
4.4 CITY - ST - ZIP	Orlando, FL
5.1 TITLE	D ☒ Change ☐ Addition
5.2 NAME	Eribben, Elizabeth
5.3 STREET ADDRESS	712 E. Cave hollow Ln.
5.4 CITY - ST - ZIP	Orlando, FL
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

James O. Witmer James Witmer

4/18/95

(401)

047-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #