FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14361** **(2)**

1. Corporation Name

BRAMBLE BLUFF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W SR 434 SUITE 5000 LONGWOOD FL 32779 US	2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779 US

3. Date Incorporated or Qualified: 04/15/1986
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2768354 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2180 Park Ave. N	26 2180 Park Ave, N.
22 Suite, Apt. #, etc. 326	27 Suite, Apt. #, etc. 326
23 City & State Winter Park, FL	28 City & State Winter Park, FL.
24 Zip 32789 — 25 Country	29 Zip 32789 — 30 Country

9. Name and Address of Current Registered Agent

JORDAN, BRETT M
2180 PARK AVE NORTH
STE 326
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SHOOTER, BILL	
STREET ADDRESS	12107 CALABOOSE COURT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	☐ DELETE
NAME	WITMER, JIM	
STREET ADDRESS	749 CAVE HOLLOW LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DST	☒ DELETE
NAME	DWYER, WILLIAM	
STREET ADDRESS	606 CAVE HOLLOW LA	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DVP	☐ DELETE
NAME	GORAL, CHARMAINE	
STREET ADDRESS	651 UPPERRIVER CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	GRIBBEN, ELIZABETH	
STREET ADDRESS	712 E CAVE HOLLOW LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DST	☐ Change ☒ Addition
3.2 NAME	LACY, DERON	
3.3 STREET ADDRESS	616 UPPERRIVER COURT	
3.4 CITY-ST-ZIP	ORLANDO, FL 32828	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 O. WITMER — 3/9/96 — (407) 886-2326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)