

FILE NOW: FILING FEE IS \$61.25

FILED
May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N14361** (2)
1. Corporation Name
BRAMBLE BLUFF HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2180 PARK AVENUE, N SUITE 326 WINTER PARK FL 32789 US		Mailing Address 2180 PARK AVENUE, N SUITE 326 WINTER PARK FL 32789 US	
2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/15/1986	
Suite, Apt. #, etc.		4. FEI Number 59-2768354	
City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		9. Name and Address of Current Registered Agent	
Country		10. Name and Address of New Registered Agent	
Country		81 Name	
Country		82 Street Address (P.O. Box Number is Not Acceptable)	
Country		83	
Country		84 City	
Country		85 Zip Code	

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

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VP/D
NAME	EFFALDANA, REBECCA	1.2 NAME	Effaldana, Rebecca
STREET ADDRESS	634 UPPERRIVER CT. UPPERRIVER	1.3 STREET ADDRESS	634 Upperriver Ct.
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	PD	2.1 TITLE	Same
NAME	WITMER, JIM	2.2 NAME	
STREET ADDRESS	749 CAVE HOLLOW LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	DST	3.1 TITLE	D
NAME	LACY DERON	3.2 NAME	Lacy, Deron
STREET ADDRESS	616 UPPER RIVER COURT	3.3 STREET ADDRESS	616 Upperriver Ct.
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	DVP	4.1 TITLE	SEC/TREAS/D
NAME	GORAL, CHARMAINE	4.2 NAME	Baker, David
STREET ADDRESS	651 UPPERRIVER CT	4.3 STREET ADDRESS	729 Cave Hollow Lane
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE	D	5.1 TITLE	D
NAME	GRIFFEN, ELIZABETH	5.2 NAME	Miskow, Michael
STREET ADDRESS	712 E CAVE HOLLOW LANE	5.3 STREET ADDRESS	12313 Gingham Ct.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32828
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

0012180

CR2E037 (10/97)