

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90106 035 ****61.25

DOCUMENT # N14361

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

POSTED



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/15/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2768354

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
Brackin, Andrea L.

82 Street Address (P.O. Box Number is Not Acceptable)
2180 Park Avenue N.

83 Suite 326

84 City Winter Park

FL

85 Zip Code
32789

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

Andrea L. Brackin

3/4/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME EFFALDANA, REBECCA
STREET ADDRESS 634 UPPERRIVER CT
CITY-ST-ZIP ORLANDO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME WITMER, JIM
STREET ADDRESS 749 CAVE HOLLOW LANE
CITY-ST-ZIP ORLANDO FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME LACY DERON
STREET ADDRESS 616 UPPER RIVER COURT
CITY-ST-ZIP ORLANDO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Peeples, Charlotte
12132 Pilot Ct.
Orlando, FL 32828

TITLE STD
NAME BAKER, DAVID
STREET ADDRESS 729 CAVE HOLLOW LANE
CITY-ST-ZIP ORLANDO FL 32828

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME MISKOW, MICHAEL
STREET ADDRESS 12313 GINGHAM CT
CITY-ST-ZIP ORLANDO FL 32828

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Rebecca Effaldana
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/99

707/641/2022

Daytime Phone

CR2E037 (11/98)