


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # N16447</b><br>1. Entity Name<br><b>BRANET SQUARE CONDOMINIUM ASSOCIATION, INC.</b> |  |
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| Principal Place of Business<br><b>1001 W JASMINE<br/>LAKE PARK, FL 33403</b> | Mailing Address<br><b>1001 W JASMINE<br/>SUITE G<br/>LAKE PARK, FL 33403</b> |
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04302004 No Chg-NP CR2E037 (10/03)

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|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-0017573</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

|   |
|---|
| 6. Name and Address of Current Registered Agent<br><br><b>ALBERT, GABRIEL<br/>1001 W JASMINE DR<br/>LAKE PARK, FL 33403</b> |
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U00000153200  
05/04/04-80118-012 61.25

| 10. OFFICERS AND DIRECTORS                         |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>GABRIEL, DAVID<br>1001 W. JASMINE DR. SUITE M<br>LAKE PARK, FL 33403            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>BRESNAHAN, GLENN<br>1001 W. JASMINE DR. SUITE L<br>LAKE PARK, FL 33403          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | STD<br>MCKIBBON-TURNER, BAMBI<br>543 WEST KALMIA DRIVE, APT. 8<br>LAKE PARK, FL 33403 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *Bambi McKibbon-Turner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BAMBI MCKIBBON-TURNER**

*4/30/04* *(561) 254-0978*  
Date Daytime Phone #