## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N19466**

1. Entity Name

BRYAN'S SPANISH COVE OWNERS ASSOCIATION, INC.



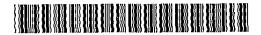
FILED Feb 01, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

13875 STATE ROAD 535 ORLANDO, FL 32821 US 8680 COMMODITY CIR ORLANDO, FL 32819

US



01132006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-2799784 Applied For Not Applicable

5. Certificate of Status Desired

**a** }

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D ESQ. 8680 COMMODITY CIR STE 101

SIGNATURE: \_

## DO NOT WRITE IN THIS SPACE

ONDANDO	, 1 2 02013	}			
8. The above the obligation	named entity submits this statement for the ions of registered agent.	purpose of changing its registerer	d office or registered agent, or bo	oth, in the State of Florida. I am familiar w 	ith, and accept
SIGNATURE_	Signature, typed or printed name of registered against and little	e il applicable. (NOTE Registered	Agent a gnature required when reinstaling)	DATE	<u> </u>
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campalgn Finance     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS		-	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARNES, MANLIF 8680 COMMODITY CIR ORLANDO, FL 32819				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VOGDS, DAN 8680 COMMODITY CIR ORLANDO, FL 32819			02/11/06-30056-004	70.00.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOCHHAR, WANDA 8680 COMMODITY CIR ORLANDO, FL 32819		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	IN	THIS SPACE	
TITLE NAME STREET ADDRESS C(TY-ST-ZIP				ع	
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
12. I hereby indicated of the co-	certify that the information supplied with this if on this report or supplemental report is true reporation or the receiver or trustee empower, for on an attachment with an address, with	filing does not qualify for the exe e and accurate and that my signat ed to execute this report as require all other like empowered.	emptions contained in Chapter 1 ure shall have the same legal effe red by Chapter 617, Florida Statu	<ol> <li>Florida Statutes. I further certify that fect as if made under oath, that I am an oftes; and that my name appears in Block</li> </ol>	he information ficer or director 10 or Block 11 if