

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90319 022 \*\*\*\*61.25

**DOCUMENT # N20478**

1. Entity Name  
**BRANDON TRACES HOME OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**1825 TARAH TRACE DRIVE  
BRANDON, FL 33510**

Mailing Address  
**1825 TARAH TRACE DRIVE  
BRANDON, FL 33510**

340000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-3032863**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, ED.  
1825 TARAH TRACE DRIVE  
BRANDON, FL 33510**

7. Name and Address of New Registered Agent

Name **Robert Tankel PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1022 Main Street**  
**Suite D**  
City **Dunedin** FL Zip Code **34698**

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALTENBACH, CINDY	
STREET ADDRESS	1823 TARAH TRACE DR	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMIE, CHELSIE	
STREET ADDRESS	1918 SARAH LOUISE DRIVE	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ED	
STREET ADDRESS	1825 TARAH TRACE DRIVE	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janine Sanders	
STREET ADDRESS	1816 Tarah Trace Dr.	
CITY-ST-ZIP	Brandon, FL 33510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/7/04