

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90456 027 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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	
2. Principal Place of Business 1463 Oakfield Dr Suite 141 Brandon FL 33511		3. Mailing Address P.O. Box 6235 Suite Apt. #, etc. Brandon, FL 33508-6004	
City & State Brandon FL		City & State Brandon, FL	
Zip 33511		Zip 33508-6004	
5. Name and Address of Current Registered Agent TANKEL, ROBERT PA 1022 MAIN STREET, SUITE D DUNEDIN, FL 34698			
6. 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 _____ DATE _____			
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐	
10. OFFICERS AND DIRECTORS		11. MAKE CHECK PAYABLE TO Florida Department of State	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete SANDERS, JANINE 1818 TARAH TRACE DR BRANDON, FL 33510	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☒ Change ☐ Addition Jeannine Sanders 1816 Tarah Trace Brandon, FL 33510
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Delete LAMIE, CHELSIE 1918 SARAH LOUISE DRIVE BRANDON, FL 33510	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☐ Change ☒ Addition Sonya Rodgers 1823 Tarah Trace Brandon, FL 33510
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ☒ Delete SMITH, ED 1825 TARAH TRACE DRIVE BRANDON, FL 33510	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 115.07(3)(b), Florida Statutes. I further certify that the information included 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: <i>Jeannine Sanders</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/28/05 812-681-1877 DATE DAYTIME PHONE	