

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90043 041 \*\*\*\*61.25

**DOCUMENT # N20478**

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



Principal Place of Business  
**1463 OAKFIELD DRIVE  
SUITE 141  
BRANDON, FL 33511**

Mailing Address  
**P O BOX 6235  
BRANDON, FL 33508-6004**

00010404



01192008 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3032863**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**TANKEL, ROBERT PA  
1022 MAIN STREET, SUITE D  
DUNEDIN, FL 34698**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, 2006**

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	SANDERS, JEANNINE	
STREET ADDRESS	1816 TARAH TRACE	
CITY - ST - ZIP	BRANDON, FL 33510	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAMIE, CHELSIE	
STREET ADDRESS	1918 SARAH LOUISE DRIVE	
CITY - ST - ZIP	BRANDON, FL 33510	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, SONYA	
STREET ADDRESS	1823 TARAH TRACE	
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	Stevens, Anthony	
STREET ADDRESS	1726 Brandon Trace Ave.	
CITY - ST - ZIP	Brandon, FL 33510	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lugo, Rafael	
STREET ADDRESS	1723 Brandon Trace Ave.	
CITY - ST - ZIP	Brandon, FL 33510	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Montreuil, Marie	
STREET ADDRESS	1725 Brandon Trace Ave.	
CITY - ST - ZIP	Brandon, FL 33510	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Holmes, Sugay	
STREET ADDRESS	2018 Lori Ann St.	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

2-4-2006