2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

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DOCUMENT # N22252						04-11-2005 90145 023 ****61.25						
1. Entity Name BRANDO	® N BROOK HOMEOWNERS	ASSO	CIATION, INC) .								
Principal Place of Business PO BOX 6235 BRANDON, FL 33508-6004 US Mailing Address MCNEIL MGMT SVCS INC. PO BOX 6235 BRANDON, FL 33508-6004 US					US							ni il kili
1463	ace of Business 3 Oa Rfield Dr.		ng Address									
Suite, Apt.	#, etc. ī+e 141	Sui	te, Apt. #, etc.				04052005	Chg-NP		CR2E03	7 (10/03)	
City & State	ndon FL	City	& State				4. FEI Numbe 59-289					plied For Applicable
^{Zip} 335	Country	Zip	,	Col	ountry		5. Certificate	of Status Des	ired		\$8.75 Add Fee Required	
	6. Name and Address of Current	Registere	d Agent				7. Name and	Address of I	New Reg	Istered A	gent	
	TANKEL, P.A.		. •		Name							
1022 MAIN ST, SUITE D DUNEDIN, FL 34697					Street A	ddress (i	P.O. Box Numbe	er is Not Acce	ptable)			
					City					FL	Zip Code)
The above named entity submits this statement for the purpose of changing its registered office or reg							ed agent, or bot	h, in the State	of Floric		 amiliar with,	and accept
the obligat	ions of registered agent.					-	_					
SIGNATURE.	Slopeture hand or original name of registered about	and tale if son	Ficable /NOT	E- Danielar	red Anent elonet	ura camulrad	Luman rainstatana)			DATE		
SIGNATURE.	Signature, typed or printed name of registered agent	and title if app		,	 .	ure required	when reinstating)		* 4.5	DATE		<u>-</u>
SIGNATURE .			9. Election Car Trust Fund (npaign I	Financing	ure required	\$5.00 May E Added to Fees	i e ≥	Florid	ce check	payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE		9. Election Car Trust Fund (mpåign I Contribu	Financing tion.		\$5.00 May B		Florid	ce check a Depart	ment of St	ate * 10
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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)(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: BLUE R DOWN - PROSIDE IN BROWN BROOK HOA GAPEOS - 684-3734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DayING PRINTED NAME OF SIGNING OFFICER OR DIRECTOR