


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90056 010 ****61.25

DOCUMENT # N23260 1. Entity Name BRYNHAVEN COMMUNITY ASSOCIATION, INC.					
Principal Place of Business BOX 24 SANFORD, FL 32772 US			Mailing Address BOX 24 SANFORD, FL 32772 US		
2. Principal Place of Business - No P.O. Box # 128 N. BRISTOL CIRCLE		3. Mailing Address Suite, Apt. #, etc.			
City & State SANFORD, FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-2870361	
Zip 32773		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLAHAN, LINDA 128 N. BRISTOL CIRCLE SANFORD, FL 32773			7. Name and Address of New Registered Agent Name CALLAHAN, RICHARD Street Address (P.O. Box Number is Not Acceptable) 128 N. BRISTOL CIRCLE City SANFORD, FL Zip Code 32773		
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 <i>Richard M. Callahan</i> RICHARD CALLAHAN-PRES. 4-2-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CALLAHAN, LINDA 128 N. BRISTOL CIRCLE SANFORD, FL 32773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RICHARD CALLAHAN 128 N. BRISTOL CIRCLE SANFORD, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT GOODBOE, GEORGE E 109 N. BRISTOL CIRCLE SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV DONALD MCCASLIN 205 S. ABERDEEN CIRCLE SANFORD, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CALLAHAN, LINDA 128 N. BRISTOL CIRCLE SANFORD, FL 32773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRESEMANN, KATHRYN 210 S HAMPTON CT SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMY MEESE 110 N. HAMPTON CT. SANFORD, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV FIELDS, SUZANNE 111 N. BRISTOL CIRCLE SAMFORD, FL 32773	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONALD LONGNION 106 N. BRISTOL CIRCLE SANFORD, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRESEMANN, KATHRYN 210 S HAMPTON CT SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMY MEESE 110 N. HAMPTON CT. SANFORD, FL 32773	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <i>George E. Goodboe</i> George E. Goodboe 4/8/07 407-334-3988 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					