

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25062

FILED
Mar 29, 2005
Secretary of State

Entity Name: BRAMPTON COVE NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2936253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JR. J W.
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32779 US

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.

SIGNATURE: JAMES W HART JR

03/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: KATZ, GEORGE
Address: 1181 BRAMPTON PL
City-St-Zip: HEATHROW, FL 32746

Title: SD () Delete
Name: MASTROLIA, GRACE
Address: 1205 BRAMPTON PL
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: PARKS, TONI
Address: 1212 BRAMPTON PL
City-St-Zip: HEATHROW, FL 32746

Title: TD () Delete
Name: PERRY, JOHN
Address: 1204 BRAMPTON PLACE
City-St-Zip: HEATHROW, FL 32746

Title: PD () Delete
Name: CLINE, JOE
Address: 1168 BRAMPTON PL
City-St-Zip: HEATHROW, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MUSARA, MIKE
Address: 1233 BRAMPTON PL
City-St-Zip: HEATHROW, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE CLINE

PD

03/29/2005

Electronic Signature of Signing Officer or Director

Date