## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27256

FILED Jan 20, 2008 Secretary of State

Entity Name: EAST LAKE BRANTLEY CIVIC ASSOCIATION, INC.

	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
	RENA DRIVE OD, FL 32779	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX ONGWO	917593 OD, FL 32791	7593 US			
El Number	: 59-1845688	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
	LE, ROY RENE DR. OOD, FL 32779	US			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATU					
	Electron	ic Signature of Registered Ag	gent	Date	
FFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR	
itle: ame: ddress: ity-St-Zip:	DPDT () CAMPBELL, TA 121 LK RENA D LONGWOOD, F	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: ame: ddress:	SD () STREETMAN, M 125 LAKE RENA LONGWOOD, F	A DR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
ity-St-Zip:					
tle: ame: ddress:	DV () DOOLITTLE, PA 123 LAKE RENA LONGWOOD, F	A DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame: ddress: ity-St-Zip: tle: ame: ddress:	DOOLITTLE, PA 123 LAKE RENA LONGWOOD, F	ATTI A DRIVE EL 32779 Delete EAN R.	Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress: ity-St-Zip: ddress: ity-St-Zip:	DOOLITTLE, PA 123 LAKE RENV LONGWOOD, F VP ( ) CAMPBELL, DE 121 LK RENA D LONGWOOD, F	ATTI A DRIVE L 32779  Delete EAN IR. L 32779  Delete DY A DR	Name: Address: City-St-Zip: Title: Name: Address:	.,,	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHERYL NOLAND T 01/20/2008