FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** , ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(0)

BRANDON HILLS PROPERTY OWNERS ASSOCIATION, INC.

FILED Mar 20 1998 8:00am Secretary of State

Incompensation Constitions

Principal Place of Business Mailing Address							
805 N SYLVAN DR 614 BEVERLY DR. BRANDON FL 33510 BRANDON FL 33510						3. Date Incorporated or Qualified 10/02/1991	
		US				4. FEI Number Applied For	
						65-029 1498 Not Applicable	
2. Principal P	tace of Busmess	2a. Malling Address 26				5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22		27				Trust Fund Contribution Added to Fees	
City & State	0	City & State				7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year Intangible	
24	25	29	30	_		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
	R DARDEN			82	Street	Address (P.O. Box Number is Not Acceptable)	
	/ERLY DR DN FL 33510			83			
0.44.0				84	City	85 Zip Code	
						FL [1]	
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE 							
	Signature, typed or printed name of registered a			ed Ager	t signature	required when reinstating) DATE	
12,		ND DIRECTORS	13,			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DELETE 1.1T				PACTOCKT D Change PAddition		
NAME	***************************************			IAME		701 NI SYCUMU OC,	
STREET ADDRESS	707 N SYLVAN Brandon Fl		/		ADDRESS	BRANDON, PC 33,70	
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-: 2.1 TITLE		· ZIP	Change Addition	
NAME	\$CHAPPER, AUDREY		2.2 NAME			Robert williams	
STREET ADDRESS	*** ** *** **** *** *** *** *** *** **			ADDRESS	708 WISYIUM DR.		
CITY-ST-ZIP	BRANDON FL		- 1	CITY-SI		BEMANN, 12 33,70	
TITLE	D	DELETE	3.1 T			Recording Scales Addition	
NAME	HALL, PENNY		3.2 N	IAME		RUM LUCKEN	
STREET ADDRESS	602 BEVERLY DRIVE		3.3 S	TREET A	ADDRESS	Bembur Frazzo	
CITY-ST-ZIP	BRANDON FL		3.4. (CITY-SI	r-ZIP	CHE PONTES	
TITLE		☐ DELETE	4.1 T	ITLE		MARY PLEETHOUP Change WAddition	
NAME			4, 21	NAME		(n. no. Sulveno DR.	
STREET ADDRESS			4.3 \$	TAEET #	address		
CITY-ST-ZIP			4.4 0	ITY-ST	-ZIP	BRADON, EL 33,70	
TITLE		L_ DELETE	5.1 T	ITLE		TREASURER Change Change Change	
NAME			5.2 N			TREASURER Change Addition ItENA R. DANDEN 614 ACCEPCY DR BRANDON, 122 33770	
STREET ADDRESS			5.3 S	TREET A	ADORESS	614 BEVERLY DR	
CITY-ST-ZIP		I NEL PER		ITY-ST	-ZIP	ISRAWDUM, PL 3370	
TITLE		☐ DELETE	6.1 To			☐ Change ☐ Addition	
NAME			6.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP	pertify that the information symplical	with this filing does not qualify		(IY-SI		d in Section 119.07(3)(i). Florida Statutes, I further certify that the information	

indicated on this annual report or supplied with this ning does not quality for the exemption stated in Section 119.07(3)(1). Florida Statutes, I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or on an attachment with an address.