

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 28, 2002 8:00 am  
Secretary of State

05-28-2002 91511 006 \*\*\*\*61.25

DOCUMENT # N45448

1. Entity Name

BRANDON HILLS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

605 N SYLVAN DR  
BRANDON FL 33510

Mailing Address

604 CAROLYN DR.  
BRANDON FL 33510  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

608 NORTH SYLVAN DR

Suite, Apt. #, etc.

City & State

BRANDON FL 33510

Zip

33510

Country

US

4. FEI Number

65-0291498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENRY R DARDEN  
614 BEVERLY DR  
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SLOAN, PEGGY	
STREET ADDRESS	601 CAROLYN DR.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COX, SHARON	
STREET ADDRESS	617 S. SYLVAN	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CORNETT, MARCELLA	
STREET ADDRESS	704 W. SYLVAN	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HORST, MARK	
STREET ADDRESS	604 CAROLYN	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOURDE, ED	
STREET ADDRESS	703 N. SYLVAN	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUDREY SCHAFER	
STREET ADDRESS	706 N. SYLVAN DR.	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLOAN, PEGGY	
STREET ADDRESS	601 CAROLYN DR.	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANE WILLIAMS	
STREET ADDRESS	608 NORTH SYLVAN DR.	
CITY-ST-ZIP	BRANDON, FL 33510	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Mark Horst*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-2002

Date

813-371-5563

Daytime Phone #

CR2E037 (9/01)