2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N95000000964

Entity Name: LONG BRANCH CREEK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2828 BRANCH CREEK AVE
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

2828 BRANCH CREEK AVE
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 65-0584146 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASCARA, ERNEST L
877 EXECUTIVE CENTER DR SUITE 303
ST PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	JACOBSON, JOANN	
Address:	2823 BRANCH CREEK AVE	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	VD	( ) Delete
Name:	MORRIS, LARRY	
Address:	2039 BRANCH CREEK AVE	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	S	( ) Delete
Name:	SMITH, TINA	
Address:	2026 LONG BRANCH LANE	
City-St-Zip:	CLEARWATER, FL 33760	
Title:	TD	( ) Delete
Name:	O'NEILL, COLLEEN	
Address:	2828 BRANCH CREEK AVE	
City-St-Zip:	CLEARWATER, FL 33760	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: COLLEEN O'NEILL TD 04/15/2009

Electronic Signature of Signing Officer or Director — Date