


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90034 030 ****61.25

DOCUMENT # N95000001194 1. Entity Name BRANDON TRAILER PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business GENA FERGUSON 315 OLD MT CARMEL RD BRANDON, FL 33511			Mailing Address %HAMPTON, STODDARD, ET AL. P.O. BOX 3510 BRANDON, FL 33509-3510		
2. Principal Place of Business - No P.O. Box # TRUMAN W. COLE, JR. Suite, Apt. #, etc. 501 OLD MT. CARMEL RD.		3. Mailing Address TRUMAN W. COLE, JR. Suite, Apt. #, etc. 501 OLD MT. CARMEL RD.			
City & State BRANDON, FLORIDA		City & State BRANDON, FLORIDA		4. FEI Number 59-3305987	
Zip 33511		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERGUSON, GENE 315 OLD MT CARMEL RD BRANDON, FL 33511			7. Name and Address of New Registered Agent Name TRUMAN W. COLE, JR. Street Address (P.O. Box Number is Not Acceptable) 501 OLD MT. CARMEL RD City BRANDON FL Zip Code 33511		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Truman W. Cole, Jr.</u> <u>Truman W. Cole, Jr.</u> <u>3/15/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERGUSON, GENE 315 OLD MT CARMEL RD BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STOCK, DICKIE 113 2ND ST BRANDON, FL 33511	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, SHANNON 302 2ND ST BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOISVERT, MAUREEN 408 2ND ST BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WILLIAM 510 5TH ST BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEPP, PATRICE 514 2ND ST BRANDON, FL 33511	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*D ROBERSON, ANNABELLE 224 SECOND STREET BRANDON, FL 33511	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYERS, GEORGIE 409 OLD MT. CARMEL RD. BRANDON, FL 33511	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Gene M. Ferguson</u> GENE M. FERGUSON <u>3-19-07</u> <u>813-662-1456</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					