


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90002 043 ****61.25

DOCUMENT # N95000001194 1. Entity Name BRANDON TRAILER PARK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business TRUMAN W. COLE, JR. 501 OLD MT. CARMEL ROAD BRANDON, FL 33511			Mailing Address TRUMAN W. COLE, JR. 501 OLD MT. CARMEL ROAD BRANDON, FL 33511		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3305987	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COLE, TRUMAN W JR. 501 OLD MT. CARMEL RD. BRANDON, FL 33511			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MYERS, GEORGIE 409 OLD MT. CARMEL RD. BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OLSON, SHANNON 302 2ND ST BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BOISVERT, MAUREEN 408 2ND ST BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Boisvert, Maureen 510 Fifth Street Brandon, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WILLIAM 510 5TH ST BRANDON, FL 33511		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cole, Truman 501 Old Mt. Carmel Rd. Brandon, FL 33511	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNEPP, PATRICE 514 2ND ST BRANDON, FL 33511		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: <i>Gene M. Ferguson</i>			GENE M. FERGUSON		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

ATTACHMENT

40046176

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Addition:

D
Walz, Bruce
220 Third Street
Brandon, FL 33511