# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 12, 2009**
**Secretary of State**

DOCUMENT# N96000000119

**Entity Name:** BRANTON/HANDLEMAN HOME OWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

1440 HANDLEMAN DR.
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1440 HANDLEMAN DR.
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSTRAN, JIM JR
3860 BRANTON DR
OVIEDO, FL 32765 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: HESS, GREG
Address: 3760 BRANTON DR
City-St-Zip: OVIEDO, FL 32765

Title: TD ( ) Delete
Name: BUSTRAAN, JAMES P
Address: 1440 HANDLEMAN DR
City-St-Zip: OVIEDO, FL 32765

Title: VPD ( ) Delete
Name: LARSON, JEFF
Address: 1570 HANDLEMAN DR
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete
Name: COOK, ALAN
Address: 1560 HANDLEMAN DR
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete
Name: JOHNSON, JEFF
Address: 3830 BRANTON DR
City-St-Zip: OVIEDO, FL 32765

**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:

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: JAMES P. BUSTRAAN TD 01/12/2009

Electronic Signature of Signing Officer or Director — Date