
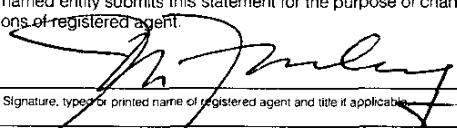
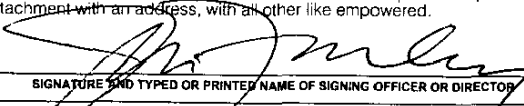


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90238 007 ****61.25

DOCUMENT # N96000005267					
1. Entity Name BRANDON RESERVE HOMEOWNERS' ASSOCIATION INC.				Principal Place of Business 9915 COUNTRY CARRIAGE CIR RIVERVIEW, FL 33569 US	
Mailing Address P O BOX 3 RIVERVIEW, FL 33568-0003 US				2. Principal Place of Business 9916 Country Carriage Cir. Suite, Apt. #, etc.	
3. Mailing Address Suite, Apt. #, etc.				City & State Riverview, FL	
City & State Riverview, FL				4. FEI Number 59-3411634	
Zip 33569				Country US	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHIODO, SAM 9915 COUNTRY CARRIAGE CIR RIVERVIEW, FL 33569				7. Name and Address of New Registered Agent Name: Farley, Michael Street Address (P.O. Box Number is Not Acceptable): 9916 Country Carriage Cir. City: Riverview FL Zip Code: 33569	
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:  DATE: 3-13-06					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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: D NAME: CHIODO, SAM STREET ADDRESS: 9915 COUNTRY CARRIAGE CIR CITY-ST-ZIP: RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE: P NAME: Farley, Mike STREET ADDRESS: 9916 Country Carriage Cir CITY-ST-ZIP: Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: V NAME: AKOS, TOM STREET ADDRESS: 9915 COUNTRY CARRIAGE CIR CITY-ST-ZIP: RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE: V NAME: Knight, Joseph STREET ADDRESS: 10004 Country Carriage Cir. CITY-ST-ZIP: Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: DT NAME: CHAYER, CAROL STREET ADDRESS: 9917 COUNTRY CARRIAGE CIR CITY-ST-ZIP: RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE: DT NAME: Fahrney, Lisa STREET ADDRESS: 10013 Country Carriage Cir. CITY-ST-ZIP: Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: DS NAME: MCMANUS, CAROL STREET ADDRESS: 9914 COUNTRY CARRIAGE CIR CITY-ST-ZIP: RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE: DS NAME: Ruel, Karen STREET ADDRESS: 10003 Country Carriage Cir CITY-ST-ZIP: Riverview, FL 33569	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	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 an other like empowered.					
SIGNATURE:  DATE: 3-13-06 813 677-2397					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					