

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003854

FILED
Mar 23, 2009
Secretary of State

Entity Name: BRAC BLUFF PASS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVENUE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

882 JACKSON AVE.
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-3503002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAY, KEVIN
882 JACKSON AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

RAY, KEVIN W
882 JACKSON AVE.
WINTER PARK, FL 32789 US

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: KEVIN W. RAY

03/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHAW, MARTINA
Address: 309 RYAN'S RIDGE AVE.
City-St-Zip: EUSTIS, FL 32726

Title: DST () Delete
Name: BUTLER, DANNY
Address: 516 RYANS RIDGE AVE.
City-St-Zip: EUSTIS, FL 32726

Title: DVP () Delete
Name: JOHNSON, GARY
Address: 404 BLUFF PASS DRIVE
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SHAW, MARTINA
Address: 309 RYANS RIDGE AVE.
City-St-Zip: EUSTIS, FL 32726

Title: DST (X) Change () Addition
Name: GLUECK, JUTTA
Address: 508 RYANS RIDGE AVE.
City-St-Zip: EUSTIS, FL 32726

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: MARTINA SHAW

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date