

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-25-2008 90057 003 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                           |                                                                                                                                          |                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--|
| <b>DOCUMENT # N97000005051</b><br>1. Entity Name<br><b>BRANDY CREEK HOMEOWNERS ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           |                                                                                           |                                                                                                                                          |                                                                   |  |
| Principal Place of Business<br><b>C/O PREMIER COMMUNITY MANAGERS<br/>5151 ADANSON AVENUE, SUITE 103<br/>ORLANDO FL 32804<br/>US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                                                           | Mailing Address<br><b>C/O PREMIER COMMUNITY MANAGERS<br/>5151 ADANSON AVENUE, SUITE 103<br/>ORLANDO FL 32804<br/>US</b>                  |                                                                   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                           | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |                                                                                                                                          |                                                                   |  |
| 4. FEI Number <b>59-3466103</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                           |                                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                           |                                                                                           |                                                                                                                                          | <b>\$8.75 Additional Fee Required</b>                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HOUSE, GARY<br/>C/O PREMIER COMMUNITY MANAGERS<br/>5151 ADANSON AVE., STE. 103<br/>ORLANDO FL 32804</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                           | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 <b>1-28-08</b><br><small>(Signature of person or persons registered agent and the corporation)      (NOTE: Registered Agent signature is not required when registering)      DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                                                           |                                                                                                                                          |                                                                   |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>        |                                                                                                                                          | <b>\$5.00 May Be Added to Fees</b>                                |  |
| <b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                           |                                                                                           |                                                                                                                                          |                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                           | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                    |                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>DRISCOLL, JEFFREY<br>1113 BRANDY CREEK DR<br>WINTER GARDEN FL 34787 |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VP<br>LYNN, RODNEY J<br>2139 WINTERMERE POINTE<br>WINTER GARDEN FL 34787  |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ST<br>FUSS, JOHN<br>1342 BRANDY LAKE VIEW CIR<br>WINTER GARDEN FL 34787   |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                           |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                           |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                           |                                                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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: <b>3-15-08</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Day/Mo/Yr</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                           |                                                                                                                                          |                                                                   |  |

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