FILE NOW: FILMG FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800006909 1. Corporation Name

BRANDED OAKS HOMEOWNERS' ASSOCIATION, INC.

## **FILED** Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90070 026 \*\*\*\*61.25

Principal Place of Business Mailing Address							
1402 WHITE STAR LANE 1402 WHITE STAR LANE TALLAHASSEE FL 32312 TALLAHASSEE FL 32312							
21	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 12/08/1998		
Suite, Apt. #, etc.					4. FEI Number	· · ·	plied For
22	<del></del>	27					t Applicable
City & Sta	City & State City & State				5. Certificate of Status Desired   \$8.75 Additional Fee Required		
Zip	Country 25	Zip 30	Country	•	6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	•
27	9. Name and Address of Currer		$\vdash$ $\top$		10. Name and Address of New Registere	d Agent	
			81	Name			
CAMPBELL, ROBERT A JR				Street Add	dress (P.O. Box Number is Not Acceptable)	·····	
1402 WHITE STAR LANE				<u> </u>			
TALLAHASSEE FL 32312				 			
				City	F	85 Zip C	ode
11. Pursuan office or agent. I	am familiar with and accept the obligate (Constitution)	Robert A. China	Statutes	T.	poration submits this statement for the purpose ition's board of directors. I hereby accept the appropriate the purpose it is a second of directors. I hereby accept the appropriate the purpose it is a second of the p		registered jistered
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	it signatura radus	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	р	☐ DELETE	1.1 TITLE		<del>-</del>	☐ Change	Addition
NAME	CAMPBELL, ROBERT A JR		1.2 NAME				
STREET ADORESS			1.3 STREE	TADORESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.43		T-ZIP			_
TITLE	D	☐ DELETE 2.1				☐ Change	Addition
NAME	CAMPBELL, SHIRLEY V		2.2 NAME				
STREET ADORESS			2.3 STREE	T ADDRESS			
CITY+ST-ZIP	TALLAHASSEE FL 32312		2. 4 CITY-5	ST-ZIP	<u> </u>		
III/E	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	CAMPBELL, PARKER S		3.2 NAME				
STREET ADDRESS	- 1100 111110 011111 01110			TADORESS			
CITY-ST-ZIP	TALLAHASSEE FL 32312		3.4. CITY-5	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4.1 TITLE			□ Citatige	
NAME			4. 2 NAME				
STREET ADDRESS	C!		43STREE	TADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 changed, or on an attachment with an address, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: Kolut 1566

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

DELETE

850-893-2707

Change

☐ Change

☐ Addition

☐ Addition