

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000002840**

1. Entity Name

**BRANTLEY POINT HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

2871 CITRON DRIVE  
LONGWOOD FL 32779

Mailing Address

2871 CITRON DRIVE  
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3573678

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HILL, ROBERT**  
2871 CITRON DRIVE  
LONGWOOD FL 32779**7. Name and Address of New Registered Agent**

Name

Michael Day

Street Address (P.O. Box Numbers Not Acceptable)

2781 Citron Drive

City

Longwood

FL

Zip Code

32779

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.

SIGNATURE

Michael P. Day

Michael P. Day

4-26-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**TITLE PD ☐ Delete  
NAME HILL, ROBERT  
STREET ADDRESS 2871 CITRON DR.  
CITY-ST-ZIP LONGWOOD FL 32779TITLE VPD ☐ Delete  
NAME KLEIN, TIM  
STREET ADDRESS 1591 KENLYN ST.  
CITY-ST-ZIP LONGWOOD FL 32779TITLE SD ☐ Delete  
NAME DAY, MICHAEL  
STREET ADDRESS 2781 CITRON DR.  
CITY-ST-ZIP LONGWOOD FL 32779TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:

Michael P. Day

4/26/02

407-862-5567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)