

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003519

**FILED**  
**Apr 13, 2017**  
**Secretary of State**  
**CC6101978048**

**Entity Name:** BRANDON BAR ASSOCIATION, INC.

**Current Principal Place of Business:**

617 WEST LUMSDEN ROAD  
BRANDON, FL 33511

**Current Mailing Address:**

617 WEST LUMSDEN ROAD  
BRANDON, FL 33511 US

**FEI Number:** 59-3392778

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAMBERT, JUDITH  
617 WEST LUMSDEN ROAD  
BRANDON, FL 33511 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           LAMBERT, JUDITH S  
Address        617 WEST LUMSDEN ROAD  
City-State-Zip: BRANDON FL 33511

Title           PRESIDENT, DIRECTOR  
Name           GRIFFIN, RYAN  
Address        1430 OAKFIELD DRIVE  
City-State-Zip: BRANDON FL 33511

Title           VP, DIRECTOR  
Name           SMITH, ERIC  
Address        617 WEST LUMSDEN ROAD  
City-State-Zip: BRANDON FL 33511

Title           SECRETARY, DIRECTOR  
Name           CUTTER, CARINA  
Address        1120 E. KENNEDY BLVD.  
                  #230  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           LANSKY, GLEN  
Address        16765 FISHHAWK BOULEVARD  
City-State-Zip: LITHIA FL 33547

Title           DIRECTOR  
Name           BANTNER, ADAM  
Address        900 LITHIA PINECREST ROAD  
City-State-Zip: BRANDON FL 33511

Title           DIRECTOR  
Name           MAGANN, DAVID  
Address        156 WEST ROBERTSON STREET  
City-State-Zip: BRANDON FL 33511

*I hereby 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 all other like empowered.*

**SIGNATURE:** JUDITH S. LAMBERT

**TREASURER**

**04/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date