2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0400000560 1. Entity Name MAINSTREET AT BRADENTON CONDOMINIUM ASSOCIATION, INC.			FILED 05 AUG 19 PH 3: 03	
Principal Place of Business 802-11TH STREET WEST BRADENTON, FL 34205 Mailing Address 210 THIRD STREET WEST BRADENTON, FL 34205			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3. Mailing Address				
Suite, Apt. #, etc.	ite, Apt. #, etc. Suite, Apt. #, etc.		08162005 Chg-NP CR2E037 (10/03)	
City & State	State City & State		4. FEI Number 56-2423230	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	Fee Hequired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JDD Agorty Street Address (P.O. Box Number is NO) Acceptable) 4400 EL Conquistador FL Zip Code City Bradenton FL 34316				
8. The above names 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 Signature, typed or printed name of registered agent and tipe if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$61.25 Due by September 7, 2005 9. Election Camp Trust Fund Con			\$5.00 May Be Added to Fees F	Make check payable to lorida Department of State
10. OFFICERS AND DIRECTORS ITTLE MAME STREET ADDRESS CITY-SI-ZIP Denise Denise Fedorenchik STREET ADDRESS CITY-SI-ZIP Denise Denise Fedorenchik STREET ADDRESS CITY-SI-ZIP Bradenton F1 34205 ITTLE NAME STREET ADDRESS CITY-SI-ZIP Delete NAME STREET ADDRESS CITY-SI-ZIP Delete Charles MCLead STREET ADDRESS CITY-SI-ZIP Delete NAME STREET ADDRESS CITY-SI-ZIP Delete Delete		11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 10 Change
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP 12. December Certify that the information supplied with	Delete Delete Delete		Change Addition action 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: SIGNATURE SIGNATURE SIGNATURE Dayline Phone #				