

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N04000007563**

1. Entity Name  
**THE HARBORAGE ON BRADEN RIVER HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**8210 LAKEWOOD RANCH BOULEVARD  
BRADENTON, FL 34202**

Mailing Address  
**8210 LAKEWOOD RANCH BOULEVARD  
BRADENTON, FL 34202**



03022006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1452729**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BLALOCK, WATERS, HELD & JOHNSON, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
BYRNES, KAREN  
8210 LAKEWOOD RANCH BOULEVARD  
BRADENTON, FL 34202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DVPT  
SCHIER, JAMES  
8210 LAKEWOOD RANCH BOULEVARD  
BRADENTON, FL 34202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
HEIM, PRISCILLA  
8210 LAKEWOOD RANCH BOULEVARD  
BRADENTON, FL 34202**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000490630  
04/18/06-80064-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**

*Priscilla Heim*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/8/06*

Date

*941 328 1034*

Daytime Phone #