

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N08271** (1)

1. Corporation Name  
**BRADEN WOODS PHASE V HOMEOWNERS'S ASSOCIATION, I NC.**



Principal Place of Business: **PO BOX 20223 BRADENTON FL 34203 US**  
Mailing Address: **PO BOX 20223 BRADENTON FL 34203 US**

3. Date Incorporated or Qualified: **03/20/1985**  
3a. Date of Last Report: **05/23/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-2520653	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	Zip	Country	30
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GURZELL, YVONNE  
9015 PINE NEEDLE CIRCLE  
BRADENTON FL 34202**

10. Name and Address of New Registered Agent

81 Name: **Baldwin, Debbie**  
82 Street Address (P.O. Box Number is Not Acceptable): **5902 Pine Tree Drive**  
83  
84 City: **Bradenton** FL 85 Zip Code: **34202**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Deborah C. Baldwin, Treasurer* DATE: **6/17/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	<b>PD</b>	1.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARINA, ANGELIKA</b>	1.2 NAME	<b>Hushebeck, Robert</b>
STREET ADDRESS	<b>6319 FORRESTER DR</b>	1.3 STREET ADDRESS	<b>9018 Sabal Palm Circle</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	1.4 CITY-ST-ZIP	<b>Bradenton, FL 34202</b> D
TITLE	<b>SD</b>	2.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOSHENBECK, ROBERT</b>	2.2 NAME	<b>Carol Brandon</b>
STREET ADDRESS	<b>9018 SABAL PALM CIRCLE</b>	2.3 STREET ADDRESS	<b>9006 43rd Av. E.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	<b>Bradenton, FL 34202</b> D
TITLE	<b>VD</b>	3.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARROW, STEVEN</b>	3.2 NAME	<b>Donna Martin</b>
STREET ADDRESS	<b>5914 PINE TREE DR</b>	3.3 STREET ADDRESS	<b>9019 59th Av Cir. E.</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	3.4 CITY-ST-ZIP	<b>Bradenton FL 34202</b> D
TITLE	<b>T</b>	4.1 TITLE	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOBRIN, AUREL</b>	4.2 NAME	<b>Debbie Baldwin</b>
STREET ADDRESS	<b>9023 PINE TREE CIRCLE</b>	4.3 STREET ADDRESS	<b>5902 Pine Tree Drive</b>
CITY-ST-ZIP	<b>BRADENTON FL</b>	4.4 CITY-ST-ZIP	<b>Bradenton, FL 34202</b> D
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>700001923997</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-08/16/96--01012--048</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***61.25</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah C. Baldwin, Treasurer* DATE: **4/29/96** DAYTIME PHONE #: **941-957-3899**

CR2E037 (12/95)