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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34204-0223 US
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3. Date Incorporated or Qualified 03/20/1985	3a. Date of Last Report 08/16/1996
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2. Principal Place of Business 21 5803 Braden Woods Suite, Apt. #, etc.	2a. Mailing Address 26 5803 Braden Run Suite, Apt. #, etc.
City & State 23 BRADENTON FL	City & State 28 BRADENTON FL
Zip 24 34202	Country 25 U.S.A.
Zip 29 34202	Country 30 U.S.A.

4. FEI Number 59-2520653	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**BALDWIN, DEBBIE
5902 PINE TREE DRIVE
BRADENTON FL 34202**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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: *[Signature]* *[Signature]* *[Signature]*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: **3/27/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUSHEBECK, ROBERT	
STREET ADDRESS	9018 SABAL PALM CIRCLE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, CAROL	
STREET ADDRESS	9006 63RD AVE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTIN, DONNA	
STREET ADDRESS	9019 59TH AVE CIR E	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BALDWIN, DEBBIE	
STREET ADDRESS	5902 PINE TREE DRIVE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	AUREL DOBRIN	
1.3 STREET ADDRESS	902 B 59TH AVE Cir. E	
1.4 CITY-ST-ZIP	BRADENTON, FL. 34202	
2.1 TITLE	VPV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert LYONS	
2.3 STREET ADDRESS	600 B 91st E.	
2.4 CITY-ST-ZIP	BRADENTON, FL 34202	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D James SARTIN, JR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	900A 63RD AVE E.	
5.4 CITY-ST-ZIP	BRADENTON, FL. 34202	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *[Signature]* *[Signature]* *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: **3/27/97** Daytime Phone # **0061440**

CR2E037 (9/96)