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FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	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 5803 BRADEN WOODS BRADENTON FL 34202 US	Mailing Address 5803 BRADEN RUN BRADENTON FL 34202 US
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3. Date Incorporated or Qualified 03/20/1985	4. FEI Number 59-2520653	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Braden Wds I HOA Suite, Apt. #, etc.	2a. Mailing Address 26 Braden Wds I HOA Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

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
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BALDWIN, DEBBIE 5902 PINE TREE DRIVE BRADENTON FL 34202
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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: *Debbie Baldwin* *Debbie Baldwin* DATE: 4/13/98

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD DOBRIN, AUREL	<input checked="" type="checkbox"/>
NAME	9023 59 AVE CR E	
STREET ADDRESS	BRADENTON FL	
CITY-ST-ZIP		
TITLE	VPV LYONS, ROBERT	<input checked="" type="checkbox"/>
NAME	6006 91 ST E	
STREET ADDRESS	BRADENTON FL	
CITY-ST-ZIP		
TITLE	SD MARTIN, DONNA	<input type="checkbox"/>
NAME	9019 59TH AVE CR E	
STREET ADDRESS	BRADENTON FL 34202	
CITY-ST-ZIP		
TITLE	T BALDWIN, DEBBIE	<input type="checkbox"/>
NAME	5902 PINE TREE DRIVE	
STREET ADDRESS	BRADENTON FL 34202	
CITY-ST-ZIP		
TITLE	D SARTIN, JAMES JR	<input type="checkbox"/>
NAME	9002 63 AVE E	
STREET ADDRESS	BRADENTON FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	VPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	HANNIETH CHRISTIAN		
1.3 STREET ADDRESS	9020 61st AVENUE DR. E.		
1.4 CITY-ST-ZIP	BRADENTON FL 34202		
2.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	RICK HALLGREN		
2.3 STREET ADDRESS	6016 91st Street E.		
2.4 CITY-ST-ZIP	BRADENTON, FL 34202		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 in an attachment with an address.

SIGNATURE: *James Sartin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)