

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90304 013 \*\*\*\*61.25

4109/00

**DOCUMENT # N08271**

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

Principal Place of Business <del>2081 RINGLING BLVD.</del> <del>215E</del> <del>SARASOTA FL 34237</del> <del>US</del>	Mailing Address <del>2081 RINGLING BLVD.</del> <del>215E</del> <del>SARASOTA FL 34237</del> <del>US</del>
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2. Principal Place of Business <b>748 So. TAMIANI TR.</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 914</b> Suite, Apt. #, etc.
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City & State <b>OSPREY FL.</b>	City & State <b>OSPREY FL.</b>
Zip <b>34229</b>	Country <b>SMALL ISLAND</b>

4. FEI Number <b>59-2520653</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MANASOTA MANAGAMENT**  
~~2081 RINGLING BLVD.~~  
~~215E~~  
~~SARASOTA FL 34237~~

7. Name and Address of New Registered Agent

Name  
**MANASOTA MANAGAMENT**

Street Address (P.O. Box Number is Not Acceptable)  
**748 So. TAMIANI TR.**

City  
**OSPREY FL** Zip Code  
**34229**

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.

SIGNATURE William Sutton William Sutton 4-10-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HALLORAN, RICK 6016 91ST ST E BRADENTON FL 34202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SARTIN, JAMES JR 9002 63RD AVE E BRADENTON FL 34202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRAND, RAY 9014 59TH AVE E BRADENTON FL 34202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRUSTEE WILLIAM SUTTON 223 HIDDEN BAY OSPREY FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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: William Sutton 4-10-01 941-918-8483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)