

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90065 044 ****61.25

DOCUMENT # N08271

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



Principal Place of Business

**748 SO. TAMiami TR.
OSPREY FL 34229
US**

Mailing Address

**P O BOX 914
OSPREY FL 34229
US**

11006507



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2520653**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MANASOTA MANAGAMENT
748 SO. TAMiami TR
OSPREY FL 34229**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** Delete
NAME **HALLORAN, RICK**
STREET ADDRESS **6016 91ST ST E**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **VP/D** Delete
NAME **SARTIN, JAMES JR**
STREET ADDRESS **9002 63RD AVE E**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **PD** Delete
NAME **BRAND, RAY**
STREET ADDRESS **9014 59TH AVE E**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **D** Delete
NAME **TRIPPON, THOMAS**
STREET ADDRESS **6311 91ST STREET E**
CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **SD** Delete
NAME **DAVIS, BRETT**
STREET ADDRESS **223 HIDDEN PONY**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **REQUIRED** SUTTON 4-11-03 941-918-8423

CR2E037 (10/02)