2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10599

FILED Apr 27, 2005 Secretary of State

Entity Name: BRADEN CASTLE ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
#1 OFFICE BRADENT	E DRIVE FON, FL 34208	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
#1 OFFICE BRADENT	E DRIVE ΓΟΝ, FL 34208	US			
FEI Number	: 59-0184075	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
1206 MAN	N, THOMAS W IATEE AVE. WE FON, FL 34205	EST			
	e named entity s e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUI					
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIRECT	rors:	ADDITIONS/CHANG	SES TO OFFICERS AND DIRECTOR	
Title: Name:	BARTRUM, WIL		Title: Name:	() Change () Addition	
	7 BRANDEN CA BRADENTON, F		Address: City-St-Zip:		
Address: City-St-Zip: Title: Name: Address: City-St-Zip:	BRADENTON, F	Delete ALEY, ST		() Change () Addition	
City-St-Zip: Title: Name: Address:	BRADENTON, F STD () COOLIDGE, BR 11 COLUMBIA S BRADENTON, F	Delete ALEY, ST L Delete RIS AVE W	City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	BRADENTON, F STD () COOLIDGE, BR 11 COLUMBIA S BRADENTON, F D () MATTERN, DOR 1206 MANATEE BRADENTON, F	Delete ALEY, BT L Delete RIS AVE W L Delete CE	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		
City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address:	BRADENTON, F STD () COOLIDGE, BR 11 COLUMBIA S BRADENTON, F D () MATTERN, DOR 1206 MANATEE BRADENTON, F VD () GRIFFITH, BRU 11 HIGH STREE BRADENTON, F	Delete ALEY, ST L Delete RIS AVE W L Delete CE TI 134208 Delete ER, WARREN STLE DR	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM BARTRUM PD 04/27/2005