


FILED
Apr 20, 2007 8:00 am
Secretary of State

03-30-2007 90127 039 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N10599					
1. Entity Name BRADEN CASTLE ASSOCIATION, INC.					
Principal Place of Business #1 OFFICE DRIVE BRADENTON, FL 34208 US			Mailing Address #1 OFFICE DRIVE BRADENTON, FL 34208 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-0184075	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRISON, THOMAS W 1206 MANATEE AVE. WEST BRADENTON, FL 34205				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to: Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	BARTRUM, WILLIAM <input type="checkbox"/> Delete			TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7 BRANDEN CASTLE DR			NAME	
STREET ADDRESS	BRADENTON, FL			STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOLIDGE, BRALEY			NAME	
STREET ADDRESS	11 COLUMBIA ST			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORDERS, PATRICIA			NAME	
STREET ADDRESS	4 PARKVIEW			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34208			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, BRUCE			NAME	
STREET ADDRESS	11 HIGH STREET			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34208			CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, C.C			NAME	
STREET ADDRESS	15 SEMINOLE DR			STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 34208			CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete			TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABRAMS, JIM			NAME	Williams, Doug
STREET ADDRESS	10 OAK ST			STREET ADDRESS	6 Braden Castle Dr.
CITY-ST-ZIP	BRADENTON, FL 34208			CITY-ST-ZIP	Braden Castle, FL 34208
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Doug Williams</u>		4/18/2007		941-928-8979	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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