

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 13, 2009  
Secretary of State

DOCUMENT# N10599

Entity Name: BRADEN CASTLE ASSOCIATION, INC.

**Current Principal Place of Business:**

#1 OFFICE DRIVE  
BRADENTON, FL 34208 US

**New Principal Place of Business:**

**Current Mailing Address:**

#1 OFFICE DRIVE  
BRADENTON, FL 34208 US

**New Mailing Address:**

FEI Number: 59-0184075      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMPSON, STEPHEN  
1205 MANATEE AVE.  
BRADENTON, FL 34205 US

**Name and Address of New Registered Agent:**

MEB REAL ESTATE MANAGEMENT, INC.  
5609 26TH STREET WEST  
BRADENTON, FL 34207 US

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: MARK E. BUTLER

02/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: BARTRUM, WILLIAM,  
Address: 7 BRANDEN CASTLE DR  
City-St-Zip: BRADENTON, FL

Title: STD ( ) Delete  
Name: COOLIDGE, BRALEY,  
Address: 11 COLUMBIA ST  
City-St-Zip: BRADENTON, FL

Title: D ( ) Delete  
Name: BORDERS, PATRICIA  
Address: 4 PARKVIEW  
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete  
Name: GRIFFITH, BRUCE  
Address: 11 HIGH STREET  
City-St-Zip: BRADENTON, FL 34208

Title: D ( ) Delete  
Name: JOHNSON, C.C  
Address: 15 SEMINOLE DR  
City-St-Zip: BRADENTON, FL 34208

Title: PD ( ) Delete  
Name: WILLIAMS, DOUG  
Address: 6 BRADEN CASTLE DR  
City-St-Zip: BRADENTON, FL 34208

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: THOMAS, JOE  
Address: 4 OAK STREET  
City-St-Zip: BRADENTON, FL 34208

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOUG WILLILAMS

PD

02/13/2009

Electronic Signature of Signing Officer or Director

Date