FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43528 (1)

1. Corporation Name
BRADFORD COVE RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
52 E SOUTH STREET ORLANDO FL 32801 US	52 E SOUTH STREET ORLANDO FL 32801 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3070374 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DON ASHER & ASSOC., INC
52 E SOUTH STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	LUTA, ROBIN	1.2 NAME	Sidell, Arleen	
STREET ADDRESS	3804 PICKWICK DR	1.3 STREET ADDRESS	7819 Wicklow Circle	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, Fl 32817	
TITLE	VD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	SPITALE, STEVE	2.2 NAME	Locke, John B.	
STREET ADDRESS	7900 WALDORF CT	2.3 STREET ADDRESS	8132 Woodsworth Drive	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Fl 32817	
TITLE	STD	3.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	BAZZI, MOHMOUD	3.2 NAME	Rodriguez, Frank	
STREET ADDRESS	7742 BROOKWAY ST	3.3 STREET ADDRESS	3837 Pickwick Drive	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	Orlando, Fl 32817	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arleen Sidell Arleen Sidell 4/20/95 (407) 425-4561
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED Date Daytime Phone #

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