

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N51311 (1)

1. Corporation Name

BRADFORDT PARK ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MID-FLORIDA PROP MGMT  
5250 S US HWY 17-92  
CASSELBERRY FL 32707  
US

C/O MID-FLORIDA PROP MGMT  
PO BOX 182150  
CASSELBERRY FL 32718  
US

3. Date Incorporated or Qualified  
10/12/1992

3a. Date of Last Report  
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-3145015

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PIETKIEWICZ, STANLEY T.~~  
~~2281 LEE RD.~~  
~~SUITE 103~~  
~~WINTER PARK FL 32789~~

81 Name William C. Spare, ~~XXXXXXXXXX~~  
82 Street Address (P.O. Box Number is Not Acceptable)  
c/o Mid-Florida Property Mgmt  
83 5250 South U.S. Highway 17-92  
84 City Casselberry, FL 85 Zip Code 32707

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*William C. Spare*  
Signature, typed or printed name of registered agent and title if applicable.

Community Assn. Manager

3/25/96

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	PIETKIEWICZ, STANLEY T.	
STREET ADDRESS	2281 LEE RD., #103	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	AVERY, DELBERT W.	
STREET ADDRESS	2281 LEE RD., #103	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	SECRIST, ROBERT L., III	
STREET ADDRESS	2281 LEE RD., #103	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joni M. Sikorski	
1.3 STREET ADDRESS	3055 Birmingham Blvd.	
1.4 CITY-ST-ZIP	Orlando, FL 32829	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Terry Napolitano	
2.3 STREET ADDRESS	3043 Birmingham Blvd.	
2.4 CITY-ST-ZIP	Orlando, FL 32829	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RICHARD EMLING	
3.3 STREET ADDRESS	3055 BIRMINGHAM BLVD.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32829	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	0000001780720	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	04/15/96--01080--01	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***\$61.25	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: x

*Joni M. Sikorski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

DATE

(407) 836-2289

DAYTIME PHONE #

CR2E037 (12/95)

4-18-96