

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: C/O MID-FLORIDA PROP MGMT, 5250 S US HWY 17-92, CASSELBERRY FL 32707 US
Mailing Address: 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 (21-24) and 2a. Mailing Address (25-30) fields.

4. FEI Number: 59-3145015
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: ~~PIETKIEWICZ, STANLEY T.~~, 2281 LEE RD., SUITE 103, WINTER PARK FL 32789

10. Name and Address of New Registered Agent: William C. Spare, c/o Mid-Florida Property Mgmt, 5250 South U.S. Highway 17-92, Casselberry, FL 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: [Signature] Community Assn. Manager, DATE: 3/25/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DIRECTOR
NAME	PIETKIEWICZ, STANLEY T.	1.2 NAME	Joni M. Sikorski
STREET ADDRESS	2281 LEE RD., #103	1.3 STREET ADDRESS	3055 Birmingham Blvd.
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Orlando, FL 32829
TITLE	DVS	2.1 TITLE	DIRECTOR
NAME	AVERY, DELBERT W.	2.2 NAME	Terry Napolitano
STREET ADDRESS	2281 LEE RD., #103	2.3 STREET ADDRESS	3043 Birmingham Blvd.
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Orlando, FL 32829
TITLE	DT	3.1 TITLE	DIRECTOR
NAME	SECRIST, ROBERT L., III	3.2 NAME	RICHARD EMLING
STREET ADDRESS	2281 LEE RD., #103	3.3 STREET ADDRESS	3055 BIRMINGHAM BLVD.
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	ORLANDO, FL 32829
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	000001720720
TITLE		5.1 TITLE	04/15/96--01080--017
NAME		5.2 NAME	***\$61.25
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(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: [Signature] Joni M. Sikorski, DATE: 3/26/96, Daytime Phone #: (407) 836-2289

CR2E037 (12/95)

96-18-14