FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

N43528

(1)

BRADFORD	COVE	RECREATION	ASSOCIATION.	INC.
-----------------	------	------------	--------------	------

52 E SOUTH STREET ORLANDO FL 32801 US 3a. Date of Last Report O5/22/1991 3a. Date of Last Report O5/22/1991 04/26/1995						
ORIANDO F. 2800 S. Date Processed or Custified S. Date of Last Report Vol. 26/1995 Vol.	Principal Place	e of Business	Mailing Address		I CONTRIOU THE DIRECT CONTRIBUTION OF THE STREET	ODEN BURNT BURNT BURNT BYDDE BYDNI DIRIT BYDN
2. Pinicipal Place of Business 2a. Malaring Address 21 28 5. Substance 5. Carefulcate of Status Desired 5. Carefulcate of Status 5. Carefulcate	ORLANDO FL 32801		ORLANDO FL 32801			
2. Principal Place of Evalvates 2a. Malloy Adviseds 4. FET Nutrices Sp. 3070374 No. Applied For Sp. 22 28 27 S. Main Apt. #. etc. S. Main Apt. #	US		US			
Suite, Act #, etc. Suite, Act #, etc. Suite, A		lace of Business	2a. Mailing Address		4. FEI Number	
St. / Statistical Courtey St. / Statistical Charges St. / St. / Statistical Charges St. /			- _ 		59-3070374	Not Applicable
29 20 20 20 20 20 20 20	22	-	27		5. Certificate of Status Desired	1 I '
20 South S	City & State		<u>⊢</u> ′			,
9. Name and Address of Current Registered Agent Section Proceedings P.C. Box Number is Not Acceptable)				—		
DON ASHER & ASSOC., INC 52 E SOUTH STREET ORLANDO FL 32801 63 64 Only FL 65 Zip Code 617,0502 and 617,1509, Florids Staulates, the absorbance consistion submits this statement for the purpose of changing its registered agent, or both, in the State of Florids Such change was submirzed by the corporation's board of directors. Thereby accept the appointment are registered agent, and accept the obligations of, Section 617,0503, Florids Staulates. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 13. In Titl 14. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 17. Table WCKLOW CRCLE 13. STREET ADDRESS CRY-51-2P ORLANDO FL 24. ONLY-51-2P ORLANDO FL 25. TITL 27. ORLANDO FL 26. TITL 28. ORLANDO FL 29. TITL 29. ORLANDO FL 20. O	24			30	Florida Statutes	Yes No
DON ASHER & ASSOC., INC SEE SOUTH STREET ORLANDO FI. 32801 11. Pursuant to the provisions of Section 617.0502 and 617.0502 and 617.0503. Broad Studies, the above-named corporation submitts this statement for the purpose of changing its registered office or registated the appril, or both, in the State of Fords Such change were authorized by the corporation submitts this statement for the purpose of changing its registered office franker with, and accept the obligations of, Section 617.0502 and 617.1503. Floods Studies. 12. OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 12. OFFICERS AND DIFFECTORS IN 12 12. OFFICERS AND DIFFECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS IN 12 12. OFFICERS AND DIFFECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 10. IN INTERPRETATIONS IN 19. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 12 10. ORLANDO FL 10. ORL		a. Name and Address of Curren	registered Agent	Q1 Nome	10. Name and Address of New Re	gistered Agent
TI. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of change in the State of Roids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Roids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0505, Proinced Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. ITTILE PD SIDELL, ARLENE 7819 WICKLOW CIRCLE 13. STREET ADDRESS CITY-S1-2P ORLANDO FL 14. OTY-S1-2P ORLANDO FL 14. OTY-S1-2P ORLANDO FL 15. STREET ADDRESS CITY-S1-2P ORLANDO FL 15. STREET ADDRESS	52 E SC	OUTH STREET		82 Street Ac	ldress (P.O. Box Number is Not Acceptable	
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, and the State of Indias Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent. I am minimal with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE				B4 City		85 Zip Code
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL PD	403.000	ed again, or both, in the oldie of high	a, occi change was authorized	the above-named corp by the corporation's bo	poration submits this statement for the purpo pard of directors. I hereby accept the appoin	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE NAME SIDELL, ARLENE 7819 WICKLOW CIRCLE 13 STREET ADDRESS 7819 WICKLOW CIRCLE 13 STREET ADDRESS ORLANDO FL 11 LOCKE, JOHN B 12 VAME 14 LOCKE, JOHN B 13 WOODWORTH DRIVE 22 NAME 23 STREET ADDRESS 07Y-51-2P 11 LE STD ORLANDO FL 13 STREET ADDRESS 07Y-51-2P 11 LE STD ORLANDO FL 14 TITLE STD ORLANDO FL 15 STREET ADDRESS 07Y-51-2P 11 LE ORLANDO FL 16 STREET ADDRESS 07Y-51-2P 17 LE ORLANDO FL 17 ST-2P 18 JOHN STREET ADDRESS 07Y-51-2P 18 JOHN STR	SIGNATURE _	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requ	aired when rein: tating)	DATE
NAME SIDELL, ARLENE 7819 WICKLOW CIRCLE 13 STREET ADDRESS CITY-ST-ZPP NAME LOCKE, JOHN B SIRET ADDRESS ORLANDO FL 171LE STD ORLANDO FL 171LE ORLETE STD STREET ADDRESS CITY-ST-ZP TITLE ORLETE ORLETE STREET ADDRESS CITY-ST-ZP TITLE ORLETE STREET ADDRESS		OFFICERS AND	DIRECTORS			
STREET ADDRESS ORLANDO FL ORL	ì		☐ DELET E	1.1 TITLE		Change Addition
CITY-SI-ZIP ORLANDO FL TILLE VD DELETE 21 TILLE VD LOCKE, JOHN B SIRET ADDRESS 8132 WOODWORTH DRIVE ORLANDO FL STD DELETE 31 TILLE STD RODRIGUEZ, FRANK 33837 PICKWICK DRIVE ORLANDO FL 34 CITY-SI-ZIP TILLE ORLANDO FL 41 TILLE ORLANDO FL 42 NAME ASSIRET ADDRESS CITY-SI-ZIP TILLE ORLANDO FL 43 SIRET ADDRESS CITY-SI-ZIP TILLE ORLANDO FL 51 TILLE ORLANDO FL 52 NAME 43 SIRET ADDRESS CITY-SI-ZIP TILLE ORLANDO FL 53 SIRET ADDRESS CITY-SI-ZIP TILLE ORLETE 51 TILLE ORLETE TO TRANGES T	NAME			1.2 NAME		
TITLE VD DELETE 21 TITLE Change Addition NAME LOCKE, JOHN B 22 NAME STREET ADDRESS ORLANDO FL 24 CITY-ST-ZIP TITLE STD DELETE 31 TITLE Change Addition NAME RODRIGUEZ, FRANK 32 NAME 32 NAME STREET ADDRESS 335 TREET ADDRESS CITY-ST-ZIP ORLANDO FL 34 CITY-ST-ZIP TITLE DELETE 11 TITLE Change Addition NAME ASTREET ADDRESS ANDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP DELETE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	STREET ADDRESS			1.3 STREET ADDRESS		
NAME SIRET ADDRESS B132 WOODWORTH DRIVE ORLANDO FL STD ORLANDO FL STD Addition NAME RODRIGUEZ, FRANK 32 NAME 33 STREET ADDRESS CITY-ST-ZIP ORLANDO FL Addition NAME RODRIGUEZ, FRANK 33 STREET ADDRESS ORLANDO FL 34 LITILE ORLANDO FL 34 LITILE ORLANDO FL Addition NAME STREET ADDRESS ORLANDO FL ADDRESS CITY-ST-ZIP ORLANDO FL ADDRESS ADDRESS						
STREET ADDRESS CITY-ST-ZIP ORLANDO FL STD		••	∐] DELETE	2.1 TITLE		Change Addition
CITY-ST-ZIP ORLANDO FL STD DELETE 3.1 TITLE RODRIGUEZ, FRANK 3.2 NAME 3.3 THEET ADDRESS CITY-ST-ZIP TITLE ORLANDO FL 3.4 CITY-ST-ZIP TITLE AME 4.1 TITLE AME 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE AME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition AME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE AME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE AME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE AMME 1.4 LO to hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the eximption stated in Section. 119.07(3)(6). 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, I further certify 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 SIGNATURE: AH 1.2 QL AAT 34-34-34-34-34-34 AH 1.2 QL AAT 34-34-34-34-34 AH 1.2 QL AAT 34-34-34-34 AAT 34-34-34 AAT 3	1	-		2.2 NAME		
THE STD DELETE 3.1 TITLE Change Addition NAME ASSIRET ADDRESS 3837 PICKWICK DRIVE 3.4 CITY-ST-ZIP THE DELETE ALCITY-ST-ZIP Change Addition NAME ASSIRET ADDRESS ALCITY-ST-ZIP THE DELETE ALCITY-ST-ZIP THE ALCITY-ST-ZIP T		_				
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE DELETE A5 STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP TITLE AMME A5 STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP A4 CITY-ST-ZIP TITLE A4 CITY-ST-ZIP A4 CITY-ST-ZIP TITLE A4 CITY-ST-ZIP A5 STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP A5 STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP A4 CITY-ST-ZIP A4 CITY-ST-ZIP A4 CITY-ST-ZIP A5 STREET ADDRESS CITY-ST-ZIP A4 CITY-ST-ZIP			FIDELETE			
STREET ADDRESS CITY-ST-ZIP TILLE DELETE A1 TITLE A2 MAME A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A1 TITLE A3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE AMME AMME STREET ADDRESS CITY-ST-ZIP TITLE DELETE A4 CITY-ST-ZIP TITLE	f		Morreit			☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET		3837 PICKWICK DRIVE		i i		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 1.4. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: 4.12 9L Addition Addition Change Addition Additi						
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.4 CITY-ST-ZIP TITLE DELETE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELET		OND WOOTE	DELETE			Change Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE 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 eximption 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: 412.94 4412.94 4407 4455-4561	NAME		—			C crange C Montroll
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the eximption 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: 412.94 442.94 447 447 445-456	STREET ADDRESS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption 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 SIGNATURE: 41296 4477 4474 4474 4477 4475 4477 4475 4477 4	CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption 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: 41296 44296 4457 4435-4561	TITLE		DELETE			Change Addition
STREET ADDRESS CITY-ST-ZIP 114. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption 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: 412.94 447 447 447 447 447 447 447	NAME			5.2 NAME		
TITLE NAME STREET ADDRESS CITY- ST- ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption 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: 41296 4477 4477 4477				5.3 STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption stated in Section 119.07(3)(k), Florida Statutes. I further certify 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: 41294 4471 445-4561			District Control of the Control of t	-1		
STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption 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: 412.94 447 447 447 447 447 447 447			□ DELETE			☐ Change ☐ Addition
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: ### 12 94 ### 12 94 ### 12 94 ### 12 94 ### 12 94 ### 12 94 ### 12 94 ### 12 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 ### 13 94 #### 13 94 #### 13 94 #### 13 94 #### 13 94 #### 13 94 #### 13 94 #### 13 94 #### 13 94 #### 13 94 #### 13 94 #### 13 94 #### 13 94 #### 13 94 ##### 13 94 ##### 13 94 ##### 13 94 ###################################						
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption 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: ##12.94 ##12.94 ##07) ##35-#551						
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: 4/12/9L 407) 435-4561	14. Ldo hereby	certify that the information supplied w	ith this filing is voluntarily furnish.	nd and does not a raife.	for the examption stated in Coation 110.07	(2)(I) Florido Statidos 14 de
SIGNATURE: Sieu Sidell 4/12/96 HOT) 425-4561	oath: that I	am an officer or director of the cornors	stion or the receiver or truetee er	report is true and accui		
A Debut The Action of the Acti		//\ \ \ \ \	Sidell		4/12/96 8	07) 425-4561