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Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 32718-2150  
US

3. Date Incorporated or Qualified: 10/12/1992  
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business (21-23) and Mailing Address (26-28) details including Suite, Apt. #, etc., City & State, and 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

7. This corporation has liability for intangible tax under s. 199.032:  Yes  No

9. Name and Address of Current Registered Agent: SPARE, WILLIAM C  
C/O MID-FLORIDA PROPERTY MGMT  
5250 SOUTH U.S. HIGHWAY 17-92  
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS (DELETED) vs 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D	1.1 TITLE: D/P/T
1.2 NAME: SIKORSKI, JONI M.	1.2 NAME: Emling, Joni M.
1.3 STREET ADDRESS: 3055 BIRMINGHAM BLVD.	1.3 STREET ADDRESS: VIS/D
1.4 CITY - ST - ZIP: ORLANDO FL 32829	1.4 CITY - ST - ZIP: VIS/D
2.1 TITLE: D	2.1 TITLE: D
2.2 NAME: NAPOLITANO, TERRY	2.2 NAME: Ramos, Luz
2.3 STREET ADDRESS: 3043 BIRMINGHAM BLVD.	2.3 STREET ADDRESS: 3236 Birmingham Blvd.
2.4 CITY - ST - ZIP: ORLANDO FL 32829	2.4 CITY - ST - ZIP: Orlando, FL 32829
3.1 TITLE: D	3.1 TITLE: D
3.2 NAME: EMLING, RICHARD	3.2 NAME: Ramos, Luz
3.3 STREET ADDRESS: 3055 BIRMINGHAM BLVD.	3.3 STREET ADDRESS: 3236 Birmingham Blvd.
3.4 CITY - ST - ZIP: ORLANDO FL 32829	3.4 CITY - ST - ZIP: Orlando, FL 32829
4.1 TITLE: D	4.1 TITLE: D
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5.1 TITLE: D	5.1 TITLE: D
5.2 NAME: NAPOLITANO, TERRY	5.2 NAME: NAPOLITANO, TERRY
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6.2 NAME: EMLING, RICHARD	6.2 NAME: EMLING, RICHARD
6.3 STREET ADDRESS: 3055 BIRMINGHAM BLVD.	6.3 STREET ADDRESS: 3055 BIRMINGHAM BLVD.
6.4 CITY - ST - ZIP: ORLANDO FL 32829	6.4 CITY - ST - ZIP: ORLANDO FL 32829

14. I do hereby certify that the information supplied with this filing 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: x JONI M. EMLING: Joni M. Emling x 3/10/97 x (407) 936-2281  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013337

CR2E037 (9/96)