

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43525 (7) 1. Corporation Name BRADFORD COVE MASTER ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
2100 WEST OR 434 SUITE 6000 LONGWOOD FL 32770 US		2100 WEST OR 434 SUITE 6000 LONGWOOD FL 32770-5044 US	
2. Principal Place of Business		2a. Mailing Address	
21 52 E. South Street		26 52 E. South Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23 Orlando, FL		28 Orlando, FL	
Zip		Zip	
24 32801		29 32801	
Country		Country	
25 Orange		30 Orange	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HART, JAMES W. JR SENTRY MANAGEMENT INC 2100 WEST OR 434 SUITE 6000 LONGWOOD FL 32770		81 Name Don Asher & Associates, Inc.	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83 52 E. South Street	
		84 City Orlando, FL	
		85 Zip Code 32801	
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 617.0502, Florida Statutes.			
SIGNATURE <i>Don Asher</i> DATE 4/8/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
VD PAVLIS, MARY 3914 LAKE MIRAGE BLVD ORLANDO FL		V/D McCOY, BILL 3705 PICKWICK DRIVE ORLANDO, FL 32817	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
PD LUTA, ROBIN 3804 PICKWICK DR ORLANDO FL			
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
STD SPITALE, STEVE 7900 WALDORF COURT ORLANDO FL			
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
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 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.			



CR2E037 (9/96)