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**Mar 03, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N51311

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/12/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3145015
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	29
Country	Zip	Country
25	29	30
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$8.75 Additional Fee Required
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPARE, WILLIAM C C/O MID-FLORIDA PROPERTY MGMT 5250 SOUTH U.S. HIGHWAY 17-92 CASSELBERRY FL 32707	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMLING, JONI M	1.2 NAME	
STREET ADDRESS	3055 BIRMINGHAM BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAPOLITANO, TERRY	2.2 NAME	Bragg, Robert M
STREET ADDRESS	3043 BIRMINGHAM BLVD.	2.3 STREET ADDRESS	2814 Birmingham Blvd.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32829
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, LUZ	3.2 NAME	
STREET ADDRESS	3236 BIRMINGHAM BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **JONI M EMLING** DATE: **2/10/99** DAYTIME PHONE #: **(407) 836-2287**

CR2E037 (1/98)