FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Suite, Apt. #, etc.

City & State

Zip

27

28

29

DOCUMENT # N51311

Suite, Apt. #, etc.

City & State

22

23

24

Zip

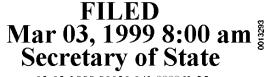
BRADFORDT PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address C/O MID-FLORIDA PROP MGMT PO BOX 182150 CASSELBERRY FL 32718 US					
C/O MID-FLORIDA PROP MGMT 5250 \$ US HWY 17-92 CASSELBERRY FL 32707 US						
Principal Place of Business 1	2a. Mailing Address					

9. Name and Address of Current Registered Agent

Country

25



03-03-1999 90030 041 ****61.25



3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

10/12/1992 4. FEI Number

59-3145015

SPARE, WILLIAM C C/O MID-FLORIDA PROPERTY MGMT 5250 SOUTH U.S. HIGHWAY 17-92		82										
		83										
CAROFI REDDY EL 00707			84	City						85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered / 12.) 12. OFFICERS AND DIRECTORS 13.				et Agent signature required when remissioning								
TITLE	PTD DE	LETE 1.1 TF	TLE	•		,		C	ange	☐ Addition		
NAME	EMLING, JONI M	1.2 N	AME.									
STREET ADDRESS	3055 BIRMINGHAM BLVD.	1.3 \$1	REET	ADDRESS								
CITY-ST-ZIP	ORLANDO FL		TY-ST									
TITLE	VSD Z DE				VSD				ange	Addition		
NAME	NAPOLITANO, TERRY	22 N	ME		Beaga.	Robert	M					
STREET ADDRESS	3043 BIRMINGHAM BLVD.	2.3 ST	REET	ADDRESS	2814 JB	irming h	M am_Blvd.			-		
CITY-ST-ZIP	ORLANDO FL	2.40	ITY-S	r-ZIP	Orlando.	FL 32	829					
TITLE	D DE	LETE 3.1 TI	TLE.		,				nange	☐ Addition		
NAME	RAMOS, LUZ	3.2 N	AME									
STREET ADDRESS	3236 BIRMINGHAM BLVD.	3.3 \$1	REET	ADDRESS								
CITY-ST-ZIP	ORLANDO FL	3.4. C	ITY-S	r- ZIP								
TITLE		LETE 4.1 TI	TLE					□ C	hange	☐ Addition		
NAME		4.2N	AME							_		
STREET ADDRESS		4.3 ST	REET	ADDRESS								
CITY-ST-ZIP		4.4 C	TY-ST	-ZIP				, <u>.</u>				
TITLE	□ DE	LETE 5.1 TI	TLE					□cı	nange	☐ Addition		
NAME		5.2 N	AME									
STREET ADDRESS		5.3 ST	REET	ADDRESS								
CITY-ST-ZIP		5.4 CI	TY-SI	-ZIP								
TITLE	□ D€	LETE 6.1 TI	TLE						nange	☐ Addition		
NAME		6.2 N	AME		1							
STREET ADDRESS		6.3 \$	TREET	ADDRESS								
CITY-ST-ZIP			TY-S1		<u> </u>			4.6 12	4.45 - 1 1			
14. I hereby o	certify that the information supplied with this filing does not of	qualify for the exe	mpti	on stated	d in Section 119.0	7(3)(i), Florida S	itatutes. I further ce	ruty tha	it the in	romation		

Country

81 Name

30

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: JON MSEMANATURE PRACTICE OF DIRECTOR DIRECTOR

2/10/99

407)836-2287

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable