

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 10, 2008
Secretary of State

DOCUMENT# N43528

Entity Name: BRADFORD COVE RECREATION ASSOCIATION, INC.**Current Principal Place of Business:**1801 COOK AVE
ORLANDO, FL 32806 US**New Principal Place of Business:**225 S WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US**Current Mailing Address:**1801 COOK AVE
ORLANDO, FL 32806 US**New Mailing Address:**P.O. BOX 162147
ALTAMONTE SPRINGS, FL 32716 US**FEI Number:** 59-3070374**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ASHER, STEVEN D
1801 COOK AVE
ORLANDO, FL 32806 US**Name and Address of New Registered Agent:**WOMACK, ELLEN R
225 S WESTMONTE DRIVE
SUITE 3310
ALTAMONTE SPRINGS, FL 32714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELLEN R WOMACK

09/10/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: GASNELL, JERRY
Address: 7700 WICKLOW CIRCLE
City-St-Zip: ORLANDO, FL 32817Title: TD () Delete
Name: MAURIELLO, TOM
Address: 8042 WALDORF COURT
City-St-Zip: ORLANDO, FL 32817Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PD (X) Change () Addition
Name: GOSNELL, JERRY
Address: 7700 WICKLOW CIRCLE
City-St-Zip: ORLANDO, FL 32817Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D () Change (X) Addition
Name: WARRINGTON, ROB
Address: 7716 WICKLOW CIRCLE
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY GOSNELL

PD

09/10/2008

Electronic Signature of Signing Officer or Director

Date