

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90116 032 ****61.25

DOCUMENT # N43525

1. Entity Name

BRADFORD COVE MASTER ASSOCIATION, INC.



Principal Place of Business

**52 E S STREET
ORLANDO FL 32801
US**

Mailing Address

**52 E S STREET
ORLANDO FL 32801
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2936261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DON ASHER & ASSOC, INC.
52 E S STREET
ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **BELLERIVE, DONALD**
STREET ADDRESS **7933 WALDORF COURT**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **PD** ☐ Change ☒ Addition
NAME **David Burger**
STREET ADDRESS **8034 Woodfare Court**
CITY-ST-ZIP **Orlando, FL 32817**

TITLE **VD** ☒ Delete
NAME **NICHOLS, KEVIN**
STREET ADDRESS **8149 WOODSWORTH**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **VD** ☐ Change ☒ Addition
NAME **Brett Hyde**
STREET ADDRESS **8033 Woodfare Court**
CITY-ST-ZIP **Orlando, FL 32817**

TITLE **TSD** ☒ Delete
NAME **BROOKES- ROANEY, MERLYN**
STREET ADDRESS **3814 LAKE MIRAGE BLVD.**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **SD** ☐ Change ☒ Addition
NAME **Karen Saslaw**
STREET ADDRESS **3821 Pickwick Drive**
CITY-ST-ZIP **Orlando, FL 32817**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature] 3/6/03 4/7/2016 1688

CR2E037 (10/02)