

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08271

FILED
Apr 04, 2024
Secretary of State
7487297590CC

Entity Name: BRADEN WOODS PHASE V HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O COMMUNIQUE
5824 BEE RIDGE ROAD PMB 413
SARASOTA, FL 34233

Current Mailing Address:

C/O COMMUNIQUE
5824 BEE RIDGE ROAD PMB 413
SARASOTA, FL 34233 US

FEI Number: 59-2520653

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMMUNIQUE
5824 BEE RIDGE ROAD PMB 413
SARASOTA, FL 34233 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: MAUREEN SCHOENING

04/04/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name RAMIREZ, OLGA
Address C/O COMMUNIQUE
5824 BEE RIDGE ROAD PMB 413
City-State-Zip: SARASOTA FL 34233

Title MANAGER
Name SCHOENING, MAUREEN
Address C/O COMMUNIQUE
5824 BEE RIDGE ROAD PMB 413
City-State-Zip: SARASOTA FL 34233

Title SECRETARY
Name BUSH, ERICA
Address C/O COMMUNIQUE
5824 BEE RIDGE ROAD PMB 413
City-State-Zip: SARASOTA FL 34233

Title TREASURER
Name BRAND, RAY
Address C/O COMMUNIQUE
5824 BEE RIDGE RD PMB 413
City-State-Zip: SARASOTA FL 34233

Title PRESIDENT
Name FICKEY, SUSAN
Address C/O COMMUNIQUE
5824 BEE RIDGE RD PMB 413
City-State-Zip: SARASOTA FL 34233

I hereby 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 all other like empowered.

SIGNATURE: MAUREEN SCHOENING

MANAGER

04/04/2024

Electronic Signature of Signing Officer/Director Detail

Date