

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08271

**FILED**  
**Mar 18, 2020**  
**Secretary of State**  
**5631640070CC**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 59-2520653**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMMUNIQUE  
C/O COMMUNIQUE  
5824 BEE RIDGE ROAD #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**

**03/18/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           LADZINSKI, VANESSA  
Address        5824 BEE RIDGE ROAD #413  
City-State-Zip: SARASOTA FL 34233

Title           VP  
Name           BUENO, ALEX  
Address        5824 BEE RIDGE ROAD #413  
City-State-Zip: SARASOTA FL 34233

Title           TREASURER  
Name           WADE, PAUL  
Address        5824 BEE RIDGE ROAD #413  
City-State-Zip: SARASOTA FL 34233

Title           DIRECTOR  
Name           DUFF, MIKE  
Address        5824 BEE RIDGE ROAD #413  
City-State-Zip: SARASOTA FL 34233

Title           OTHER  
Name           SCHOENING, MAUREEN  
Address        COMMUNIQUE  
                  5824 BEE RIDGE ROAD #413  
City-State-Zip: SARASOTA FL 34233

Title           DIRECTOR  
Name           SANDOVAL, MARIA  
Address        5824 BEE RIDGE ROAD #413  
City-State-Zip: SARASOTA FL 34233

Title           SECRETARY  
Name           RAMIREZ, OLGA  
Address        5824 BEE RIDGE ROAD #413  
City-State-Zip: SARASOTA FL 34233

Title           OFFICER  
Name           BERTOLINO, CHERYL  
Address        5824 BEE RIDGE ROAD #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**

**OTHER**

**03/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date