

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08271

**FILED**  
**Mar 10, 2023**  
**Secretary of State**  
**6171807170CC**

**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**

**03/10/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name VEGA, FERNANDO  
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 BUSH, ERICA  
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 DIRECTOR  
Name NESLEIN, CAROL  
Address C/O COMMUNIQUE 5824 BEE RIDGE RD #413  
City-State-Zip: SARASOTA FL 34233

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

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

Title DIRECTOR  
Name SARTIN, JAMES  
Address C/O COMMUNIQUE 5824 BEE RIDGE RD #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**

**03/10/2023**

Electronic Signature of Signing Officer/Director Detail

Date