2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10599

Entity Name: BRADEN CASTLE ASSOCIATION, INC.

Current Principal Place of Business:

#1 OFFICE DRIVE

BRADENTON, FL 34208

Current Mailing Address:

ONE OFFICE DRIVE BRADENTON, FL 34280 US

FEI Number: 59-0184075 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLAIR, TINA M CAM ONE OFFICE DR BRADENTON, FL 34208 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: TINA M BLAIR 02/24/2021

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title

SCHULER, PATRICIA COLLINS, TERRY Name Name #1 OFFICE DRIVE Address #1 OFFICE DRIVE Address

City-State-Zip: **BRADENTON FL 34208 BRADENTON FL 34208** City-State-Zip:

Title **TREASURER** Title **SECRETARY** Name PORZIO, JOHN MCKEE, CINDY Name Address #1 OFFICE DRIVE Address #1 OFFICE DRIVE

BRADENTON FL 34208 City-State-Zip: City-State-Zip: **BRADENTON FL 34208**

Title DIRECTOR Title **DIRECTOR**

Name HIGGINS, CAREY BOYLE, ED Name Address #1 OFFICE DRIVE Address #1 OFFICE DRIVE

City-State-Zip: **BRADENTON FL 34208 BRADENTON FL 34208** City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name VERMEREN, JOE LOCKHART, NELSON Name #1 OFFICE DRIVE Address #1 OFFICE DRIVE Address

City-State-Zip: **BRADENTON FL 34208 BRADENTON FL 34208** City-State-Zip:

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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.

02/24/2021 SIGNATURE: PATRICIA SCHULER **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Feb 24, 2021

Secretary of State

9179395441CC

Officer/Director Detail Continued:

Title DIRECTOR

Name CORRIEA, PATRICIA
Address #1 OFFICE DRIVE

City-State-Zip: BRADENTON FL 34208