

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10599

**FILED**  
**Jan 18, 2016**  
**Secretary of State**  
**CC1232149447**

**Entity Name:** BRADEN CASTLE ASSOCIATION, INC.

**Current Principal Place of Business:**

#1 OFFICE DRIVE  
BRADENTON, FL 34208

**Current Mailing Address:**

#1 OFFICE DRIVE  
BRADENTON, FL 34208 US

**FEI Number:** 59-0184075

**Certificate of Status Desired:** Yes

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

MARQUART, CRAIG V  
1 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            COLLINS, TERRY  
Address        #1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208

Title            TREASURER  
Name            DOUG WILLIAMS  
Address        #1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208

Title            DIRECTOR  
Name            LOCKHART, NELSON  
Address        #1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208

Title            DIRECTOR  
Name            GALL, DAVE  
Address        #1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208

Title            SECRETARY  
Name            BRALEY, LOIS  
Address        #1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208

Title            VP  
Name            SHANAHAN, GLENNA  
Address        #1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208

Title            DIRECTOR  
Name            BRIGGS, THOMAS  
Address        #1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208

Title            DIRECTOR  
Name            JOHNSON, KIP  
Address        #1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208

**Continues on page 2**

*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: CRAIG V. MARQUART**

**MANAGER**

**01/18/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            MOORE, DAVE  
Address        #1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208