

**2024 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

03/01/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            DAILIDA, ANTHONY  
Address        1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208

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

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

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

Title            DIRECTOR  
Name            STECKMYER, MIKE  
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            COLLINS, TERRY  
Address        1 OFFICE DRIVE  
City-State-Zip: BRADENTON FL 34208

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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.*

**SIGNATURE:** SCHULER, PATRICIA

PRESIDENT

03/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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