2019 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:

POST OFFICE BOX 15082 BRADENTON, FL 34280

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

Name and Address of Current Registered Agent:

COASTAL COMMUNITY MANAGEMENT INC. 4038 20TH STREET WEST BRADENTON, FL 34205 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

FILED Mar 07, 2019

Secretary of State

2881275538CC

Officer/Director Detail:

TitleVPTitleTREASURERNameCOLLINS, TERRYNameWILLIAMS, DOUGAddress#1 OFFICE DRIVEAddress#1 OFFICE DRIVE

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

Title DIRECTOR Title PRESIDENT

Name LOCKHART, NELSON Name GRAUMANN, LINDA
Address #1 OFFICE DRIVE Address #1 OFFICE DRIVE

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

Title SECRETARY Title DIRECTOR

NameHERROLD, DEBNameHIGGINS, CAREYAddress#1 OFFICE DRIVEAddress#1 OFFICE DRIVE

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

Title DIRECTOR Title DIRECTOR

 Name
 BRIGGS, NANCEEN
 Name
 CORRIEA, PATRICIA

 Address
 #1 OFFICE DRIVE
 Address
 #1 OFFICE DRIVE

City-State-Zip: BRADENTON FL 34208 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: LINDA GRAUMANN PRESIDENT 03/07/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MCKEE, CINDY

Address #1 OFFICE DRIVE

City-State-Zip: BRADENTON FL 34208