## **2020 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 02/27/2020

Electronic Signature of Registered Agent

Date

FILED Feb 27, 2020

**Secretary of State** 

9567831973CC

Officer/Director Detail:

Title PRESIDENT Title VF

NameGRAUMANN, LINDANameCORRIEA, PATRICIAAddress#1 OFFICE DRIVEAddress#1 OFFICE DRIVE

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

 Title
 SECRETARY
 Title
 TREASURER

 Name
 MCKEE, CINDY
 Name
 PORZIO, JOHN

 Address
 #1 OFFICE DRIVE
 Address
 #1 OFFICE DRIVE

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

Title DIRECTOR Title DIRECTOR

Name COLLINS, TERRY Name HIGGINS, CAREY
Address #1 OFFICE DRIVE Address #1 OFFICE DRIVE

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

Title DIRECTOR Title DIRECTOR

NameBRIGGS, NANCEENNameVERMEREN, JOEAddress#1 OFFICE DRIVEAddress#1 OFFICE DRIVE

City-State-Zip: BRADENTON FL 34208 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: LINDA GRAUMANN PRESIDENT 02/27/2020

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name SCHULER, PAT

Address #1 OFFICE DRIVE

City-State-Zip: BRADENTON FL 34208