

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43525

Entity Name: BRADFORD COVE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DR
STE #3310
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

PO BOX 162147
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 59-2936261

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VISTA COMMUNITY ASSOCIATION MANAGEMENT
225 S WESTMONTE DR
#3310
ALTAMONTE SPRINGS, FL 32714 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 DP
Name CRESPO, LUIS
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DV
Name LUTMAN, EDUARDO
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

Title DST
Name KIRCHENS, TOMAS
Address PO BOX 162147
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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: LUIS CRESPO

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04/27/2013

Electronic Signature of Signing Officer/Director Detail

Date