

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 714094 (0)**  
1. Corporation Name  
**BRADLEY HALL CONDOMINIUM CORP., INC.**



Principal Place of Business <b>LAUDERHILL TEN MGMT. CORP. 4311 NW 16 ST LAUDERHILL FL 33313 US</b>	Mailing Address <b>LAUDERHILL TEN MGMT. CORP. 4311 NW 16 ST LAUDERHILL FL 33313 US</b>
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3. Date Incorporated or Qualified <b>02/14/1968</b>	
4. FEI Number <b>59-1319726</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**LAUDERHILL TEN MGMT CORP.  
4301 N.W. 16TH ST.  
LAUDERHILL FL 33313**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>LEPAGE, MONIQUE</b>	
STREET ADDRESS <b>4311 NW 16TH ST</b>	
CITY-ST-ZIP <b>LAUDERHILL, FL 0</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KROCHMALNY, JAY</b>	
STREET ADDRESS <b>4311 N.W. 16TH ST.</b>	
CITY-ST-ZIP <b>LAUDERHILL FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>REID, JOHN</b>	
STREET ADDRESS <b>4311 N.W. 16TH ST. UNIT 204</b>	
CITY-ST-ZIP <b>LAUDERHILL FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>RUSSELL, MARIE</b>	
STREET ADDRESS <b>4311 NE 16TH ST. B210</b>	
CITY-ST-ZIP <b>LAUDERHILL FL 33313</b>	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE
NAME <b>VIAU, CLAUDE</b>	
STREET ADDRESS <b>4311 NW 16TH ST. B201</b>	
CITY-ST-ZIP <b>LAUDERHILL FL 33313</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DNP Marie Russell</b>	
1.3 STREET ADDRESS <b>4311 NE 16 ST. B210</b>	
1.4 CITY-ST-ZIP <b>LAUDERHILL, FL. 33313</b>	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>DP GAIT TILDAQUIST</b>	
2.3 STREET ADDRESS <b>4311 NW 16 ST B209</b>	
2.4 CITY-ST-ZIP <b>LAUDERHILL FL 33313</b>	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>Monique Lepage</b>	
3.3 STREET ADDRESS <b>4311 NW 16 St. B207</b>	
3.4 CITY-ST-ZIP <b>LAUDERHILL, FL 33313</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Claude Viau **CLAUDE VIAU** Date **3/25/98** Daytime Phone # \_\_\_\_\_

CR2E037 (1097)