FILED

| 2007 NOT-FOR-P ANNU | ROFIT CORPOR AL REPORT | Feb 19, 2007 8:00 am Secretary of State | | | | | |
|---|---|--|---------------------------------|--|--|--|--|
| DOCUMENT # 714094 1. Entity Name BRADLEY HALL CONDOMINIUM | I CORP., INC. | | 02-19-2007 90056 034 ****61.25 | | | | |
| Principal Place of Business LAUDERHILL TEN MGMT. CORP. 4311 NW 16 ST LAUDERHILL, FL 33313 US | Mailing Address LAUDERHILL TEN MGMT. 4311 NW 16 ST LAUDERHILL, FL 33313 | | - 40080821 | | | | |
| Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | 3. Mailing Address 4301 N.W. Suite, Apt. #, etc. | 16TH, ST | 01102007 Chg-NP CR2E037 (12/06) | | | | |

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01102007 Chg-NP

| City & State C | | Cit | y & State | | 4. FEI Number 50 1210726 | | | Applied For | | | | |
|--|--------------|----------------------------------|---------------------------------|---|-----------------------------|---|---|---|------------------------------|--|----------------------------|------------|
| 7:- | | <u>ب</u> | AUDER | <u>رسا۔</u> | | | | | Not Applicable | | | |
| Zíp | | Country | | 3313 | $\ddot{\mathcal{O}}$ | suntry S | | 5. Certificate of | · | | \$8.75 Add Fee Required | |
| | 6. Name | and Address of Current F | egistere | d Agent | | 7. Name and Address of New Registered Agent | | | | | | |
| MINKLEY, AUDREY 4301 N.W. 16TH ST. | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| LAUDERHILL, FL 33313 | | | | | | | | | | | | |
| İ | | | | | City | | | · · · · · · · · | FI | Zip Code | | |
| 8. 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. am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | |
| ine obligations of registered agent. | | | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | | 9. Election Car Trust Fund (| | | \$5.00 May Be Added to Fees | \$1000000000000000000000000000000000000 | 200000000000000000000000000000000000000 | k payable to rtment of St | - CONTRACTOR () () () () () () () () () (| | |
| 10. | | OFFICERS AND DIR | ECTORS | | 11. | | | ADDITIONS/CHAN | GES TO OFFICI | ERS AND D | IRECTORS IN | 10 |
| TITLE | P | _ | | ☐ Delete | TITL | Æ | | | | | Change | ☐ Addition |
| NAME | l | J, MARCEL | | | NAN | _ | 1 | | | | | |
| STREET ADDRESS CITY+ST-ZIP | l | 16TH ST, B 205 IILL, FL 33313 | | | | EET ADDRESS (- ST- ZIP | | | | | | |
| | VP | HEE, FE 33313 | | | | | | | | | | |
| TITLE NAME | l *' | UIST, GAIL | | ☐ Delete | TITL | | | | | | Change | ☐ Addition |
| STREET ADDRESS | l | 16TH STREET B-209 | | | | EET ADDRESS | | | | | | |
| CITY-ST-ZIP | l | IILL, FL 33313 | | | | r-ST-ZIP | | | | | | |
| TITLE | s | | | ☐ Delete | TITE | .E | | | | | ☐ Change | Addition |
| NAME | PROULX, | PAULINE | | | NAN | A E | | | | | | _ |
| STREET ADDRESS | 4311 NW | 16TH STREET B-110 | | | STR | eet adoress | | • | | | | |
| CITY-ST-ZIP | LAUDER | HLL, FL 33313 | | | CiTY | r-ST-ZIP | <u> </u> | | | | | |
| TITLE | D | | | Delete | TITL | .E | | | | | Change | Addition |
| NAME | CHABOT, | | | | NAN | - | 1 | | | | | |
| STREET ADDRESS | | 16T ST, B-201 | | | | EET ADDRESS | 1 | | | | | |
| CITY-ST-ZIP | | HILL, FL 33313 | | | - - | r-st-zip | | | | | | |
| TITLE | T BOY 154 | N CHV | | Delete | TITL | _ | l | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | ROY, JEA | 16TH STREET B-104 | | | NAN gtp | ae Eet adoress | | | | | | |
| CITY-ST-ZIP | l | HLL, FL 33313 | | | | r-st-zip | | | | | | |
| TITLE | <u> </u> | | | ☐ Delete | TITL | F | - | | | | ☐ Change | Addition |
| NAME | | | | Delote | NAN | | | | | | | |
| STREET ADDRESS | | | | | STR | eet address | | | | | | |
| CITY'-ST-ZIP | | | | | CITY | Y-ST-ZIP | | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | |