NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 760930**

1. Corporation Name

BRADEN OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business 6304 32 AVE EAST

Mailing Address

BRADENTON FL 34208 ,

6304 32 AVE EAST **BRADENTON FL 34208**

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90009 038 ****61.25

38 - 90009 - 611110

US		us			(1881)) 18848 Bibli abite (6188 1911) Beth Bibli Bibli Bibli Bibli bibli bibli
_		1			2. Data languaged or Outlifed
2. Principal F	Place of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 12/04/1981
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			4. FEI Number - Applied For
22	, , , , , , , , , , , , , , , , , , , ,	27	•		59-2649648 Not Applicable
City & Sta	te	City & State			\$8.75 Additional
23	-	28			5. Certifcate of Status Desired Fee Required
Zip	Country	Zip	Countr		6. Election Campaign Financing S5.00 May Be
24	25	29	0		Trust Fund Contribution Added to Fees
	9. Name and Address of Current	<u> </u>	<u> </u>		10. Name and Address of New Registered Agent
		· · · · · · · · · · · · · · · · · · ·	8	Name)
HENDRIC	KSON BOYD, MONICA		82 Street Addr		t Address (P.O. Box Number is Not Acceptable)
6304 32	AVE EAST		-		1
Bradent	ON FL 34208		83	'	
	AMONGON ET 3508		84	City	FL 85 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		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Sherr Englehardt Change Addition 3915 62nd STE,
NAME	HENDRICKSON BOYD, MONICA	^	1.2 NAME		Zair lozad STF
STREET ADDRESS			13 STREE	TADDRESS	3715 WEIN J. L.
	BRADENTON FL 34208		1.4 CITY-	2T_ 7IP	BRADENTON, KL 34200 VP MonicA Hendrickson Boyd 6304 32nd Ave E.
CITY-ST-ZIP	VD	₩ DELETE	2.1 TITLE	<u> </u>	Change Addition
NAME	, · -	A	2.2 NAME		Monica Hendrickson Boyd
	HUMPHREY, NANCY 4005 65TH STREET EAST			T ADDRESS	6304 32nd AVE E.
STREET ADDRESS	1		2.4 CITY		Bradenton, FL 34208
CITY-ST-ZIP	BRADENTON FL 34208	☐ DELETE	3.1 TITLE	SI-Zi	Change Addition
NAME	SD MARKHEN INCEDIA E		3.2 NAME		
	WAIKMEN, JOSEPH E. 4205 62ND ST EAST			ET ADDRESS	
STREET ADDRESS	BRADENTON FL		3.4. CITY-	=	·
CITY-ST-ZIP TITLE	1	☐ DELETE	4,1 TITLE		Change Addition
NAME	TD	<u> </u>	4. 2 NAME	:	
	LLOYD, BILL		1	: Et address	
STREET ADDRESS	000: 02:12 ::: 2:: 2:: 2:: 2:: 2:: 2:: 2:: 2::			_	′
CITY-ST-ZIP	BRADENTON FL 34208	☐ DELETE	4.4 CITY- 5.1 TITLE	31-21	Change Addition
TITLE	ANODALIOH DEDAD	€ SELETE	5.1 ITILE		
NAME	ANSPAUGH, PEPAR			ET ADDRESS	s
STREET ADDRESS	1 1000 00111 0111001		5.4 CITY-	=	
CITY-\$T-ZIP	BRADENTON FL 34208	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE	little to		6.2 NAME		
NAME.	to the state of th			T ADDRESS	
STREET ADDRESS	1		0.3 STRE	: ADDKE22	1

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, with all other like empowered.