

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90068 028 \*\*\*\*61.25

**DOCUMENT # 760930**

1. Entity Name

**BRADEN OAKS PROPERTY OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6304 32 AVE EAST  
BRADENTON FL 34208  
US

6304 32 AVE EAST  
BRADENTON FL 34208-6638  
US

2. Principal Place of Business

3. Mailing Address

6111-32 Ave E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Bradenton, FL

4. FEI Number

59-2649648

Applied For

Not Applicable

Zip

Country

Zip

Country

34208 mprate

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENDRICKSON BOYD, MONICA  
6304 32 AVE EAST  
BRADENTON FL 34208

Name

Karen Agramonte

Street Address (P.O. Box Number is Not Acceptable)

6111-32 Ave East

City

Bradenton

FL

Zip Code

34208

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HENDRICKSON BOYD, MONICA 6304 32 AVE EAST BRADENTON FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Karen Richards 3505-62 St E Bradenton, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ENGLEHARDT, SHERR 3915 62 STREET BRADENTON FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Manny Cruz 3905-65 St E Bradenton, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAIKMAN, JOSEPH E. 4205 62ND ST EAST BRADENTON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sherrri Englehardt 3915-62nd St E Bradenton, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LLOYD, BILL 6307 32ND AVENUE EAST BRADENTON FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Karen Agramonte 6111-32 Ave E Bradenton, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANSPAUGH, PEPAR 4009 65TH STREET EAST BRADENTON FL 34208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeely Baker 3404-62 St E Bradenton, FL 34208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE:

*Karen Agramonte*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

941-741-8011

Date

Daytime Phone #