

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760930

1. Entity Name

BRADEN OAKS PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

6304 32 AVE EAST
BRADENTON FL 34208
US

Mailing Address

6111-32 AVE E
BRADENTON FL 34208
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2649648

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDRICKSON BOYD, MONICA
6304 32 AVE EAST
BRADENTON FL 34208

7. Name and Address of New Registered Agent

Name: Karen Agramonte
Street Address (P.O. Box Number is Not Acceptable): 6111-32 Ave E
City: Bradenton
State: 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: Karen Agramonte
Signature, typed or printed name of registered agent and title if applicable.

Treasurer

(NOTE: Registered Agent signature required when reinstating)

2-5-01
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

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HENDRICKSON BOYD, MONICA	
STREET ADDRESS	6304 32 AVE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ENGLEHARDT, SHERR	
STREET ADDRESS	3915-62 STREET	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WAIKMAN, JOSEPH E.	
STREET ADDRESS	4205 62ND ST EAST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LLOYD, BILL	
STREET ADDRESS	6307 32ND AVENUE EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANSPAUGH, PEPAR	
STREET ADDRESS	4009 65TH STREET EAST	
CITY-ST-ZIP	BRADENTON FL 34208	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	manny cruz	
STREET ADDRESS	3905-65 ST E	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Richards	
STREET ADDRESS	3505-62 Ave E	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Baker	
STREET ADDRESS	3404-62 st. E	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Agramonte	
STREET ADDRESS	6111-32 Ave E	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	monica Boyd / Hendrickson	
STREET ADDRESS	6304-32 Ave E	
CITY-ST-ZIP	Bradenton, FL 34208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 TD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 2-5-01 Daytime Phone #: 941-746-8890

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90028 042 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)