


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # 760930					
1. Entity Name <b>BRADEN OAKS PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>6304 32 AVE EAST BRADENTON FL 34208 US</b>			Mailing Address <b>6111-32 AVE E BRADENTON FL 34208 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2649648</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARAMONTE, KAREN 6111-32 AVE E BRADENTON FL 34208</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D RICHARDS, KAREN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3505-62 AVE E		NAME	<b>U00000029970</b>	
STREET ADDRESS	BRADENTON FL 34208		STREET ADDRESS	<b>02/04/04-80089-016 61.25</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VP CRUZ, MANNY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3905-65 ST. E.		NAME		
STREET ADDRESS	BRADENTON FL 34208		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D AGRAMONTE, KAREN <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6111-32 AVE E		NAME		
STREET ADDRESS	BRADENTON FL 34208		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D HENDRICKSON BOYD, MONICA <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	6304-32 AVE. E.		NAME		
STREET ADDRESS	BRADENTON FL 34208		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D BAKER, JERRY <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3404 62 ST E		NAME		
STREET ADDRESS	BRADENTON FL 34208		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E037 (11/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Aramonte* 1-2704 <sup>044</sup> 741-8011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date