


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 27, 2005 08:00 AM**  
**Secretary of State**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # 760930</b>  |  |   |   |                           |  |
| 1. Entity Name<br><b>BRADEN OAKS PROPERTY OWNERS ASSOCIATION, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>6304 32 AVE EAST<br/>BRADENTON FL 34208<br/>US</b>  |  |   | Mailing Address<br><b>6111-32 AVE E<br/>BRADENTON FL 34208<br/>US</b> |  |  |
| 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<br><b>59-2649648</b>   |  |
|   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
|   |  |   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ARAMONTE, KAREN<br/>6111-32 AVE E<br/>BRADENTON FL 34208</b>  |  |   |   | 7. Name and Address of New Registered Agent  |  |
|   |  |   |   | Name   |  |
|   |  |   |   | Street Address (P.O. Box Number is Not Acceptable)   |  |
|   |  |   |   | City   |  |
|   |  |   |   | FL 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<br/>Due By May 1, 2005</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |  |   |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>RICHARDS, KAREN<br>3505-62 AVE E<br>BRADENTON FL 34208            | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>CRUZ, MANNY<br>3905-65 ST. E.<br>BRADENTON FL 34208              | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | 000000335942<br>04/27/05-80107-003 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>AGRAMONTE, KAREN<br>6111-32 AVE E<br>BRADENTON FL 34208           | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>HENDRICKSON BOYD, MONICA<br>6304-32 AVE. E.<br>BRADENTON FL 34208 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>BAKER, JERRY<br>3404 62 ST E<br>BRADENTON FL 34208                | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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)(f), 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: <u>Karen Agramonte</u>   |  |   | 4-22-05 941-741-011   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date Daytime Phone #  |  |  |



1st MOORE CR2E037 (10/04)