2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 760930

1. Entity Name



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90138 010 ****61.25

BRADE	n oaks property owner	S ASSOCIATION, INC.				01-09-2003	70136 010	01.23
Principal P 6304 32 AV BRADENTOI US	··•	Mailing Address 6111-32 AVE E BRADENTON FL 34208 US			(/ABZII /ABZIA A	JII 28 00 (Br 28 200) 2	Pāli Šišii Siān sesni	
2. Principal Place of Business 3 Suite, Apt. #, etc. City & State		3. Mailing Address	3. Mailing Address Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2649648 Applied For			
		Suite, Apt. #, etc.						
		City & State						
Zíp	Country	Zip	Country		5. Certificate of Str		□ \$8.7	Not Applicable 5 Additional
	6. Name and Address of Curre	nt Registered Agent	 				Fee R	equired
		- Agent	Name	·	7. Name and Add	ress of New Re	gistered Agent	
ARAMO	onte, karen							
6111-32	2 AVE E				D. Box Number is N	ot Acceptable)	<u>-</u>	
BRADE	NTON FL 34208							
ļ			City					
0 The share			1 1					Code
the oblig	ve named entity submits this statement ations of registered agent.	for the purpose of changing its	registered office	or registered	agent, or both, in t	he State of Floric	da. I am familiar	with, and accept
	, G							
SIGNATURE	-							
<u> </u>	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE	E: Registered Agent sign	nature required whe	en reinstating)		DATE	
<i>(</i> 2)	Signature, typed or printed name of registered age	9. Election Cam Trust Fund C	npaign Financing		5.00 May Be	Make Florida	Check Paya Department	ble to of State
10.	Signature, typed or printed name of registered age FILE NOW: FEE IS \$61.25 OFFICERS AND D	9. Election Cam Trust Fund C	npaign Financing	□ \$\$	5.00 May Be	Florida	Check Paya Department	of State
10. TITLE • NAME	FILE NOW: FEE IS \$61.25 OFFICERS AND D RICHARDS, KAREN	9. Election Cam Trust Fund C	npaign Financing Contribution.	□ \$\$	5.00 May Be	Florida	Check Paya Department	of State
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12 Thereby 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

SIGNATURE: 1

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1-7-03

941-741-8011