2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

02-05-2007 90086 050 ****61.25

DOCUMENT # N02000006624 BRADENTON VILLAGE HOMEOWNERSHIP, INC. Principal Place of Business Mailing Address ~~~~ 1307 6TH STREET WEST 1307 6TH STREET WEST BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 Chg-NP CR2E037 (12/06) 4. FEI Number 51-0425506 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGUIRE, HUGH E JR. 1401 MANATEE AVENUE WEST Street Address (P.O. Box Number is Not Acceptable) **SUITE 1200** BRADENTON, FL 34205 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be П Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11 TITLE **Change** Delete TITLE DeSue, Wenston ☐ Addition BROVE, WANGTON MISPELLING NAME NAME Samiadilless STREET ADDRESS 1307 6TH STREET WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition CLAYTON, LANCE NAME NAME STREET ADDRESS 1307 6TH STREET WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROBERSON, MICHAEL NAME NAME STREET ADDRESS 1307 6TH STREET WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this indicated on this report or supplemental report is true oes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information ocurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the changed, or on an attac like empowered. SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #