2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007494

FILED Apr 30, 2009 Secretary of State

Entity Name: THE BRAVO ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

11205 NW 18TH CT 11335 NW 18TH COURT

PLANTATION, FL 33323 PLANTATION ACRES, FL 33323

Current Mailing Address: New Mailing Address:

11205 NW 18TH CT 11335 NW 18TH COURT

PLANTATION, FL 33323 PLANTATION ACRES, FL 33323

FEI Number: 65-1188180 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BLOCH, GERALD C DUNN, LYDON C T 11205 NW 18TH CT 11335 NW 18TH COURT

PLANTATION, FL 33323 US PLANTATION ACRES, FL 33323 US

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: LYDON C. DUNN 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change() Addition

 Name:
 BLOCH, GERALD
 Name:
 BLOCH, GERALD

 Address:
 11205 NW 18TH CT
 Address:
 11205 NW 18TH CT

City-St-Zip: PLANTATION, FL 33323 City-St-Zip: PLANTATION ACRES, FL 33323

 Name:
 BENDLAR, RICHARD
 Name:
 BENDLAR, RICHARD

 Address:
 11235 NW 18TH CT
 Address:
 11235 NW 18TH CT

City-St-Zip: PLANTATION, FL 33323 City-St-Zip: PLANTATION ACRES, FL 33323

Title: S () Delete Title: S (X) Change () Addition Name: BALEY, ALAN Name: BALEY, ALAN

Address: 11265 NW 18TH CT Address: 11265 NW 18TH CT

City-St-Zip: PLANTATION, FL 33323 City-St-Zip: PLANTATION ACRES, FL 33323

 Name:
 DUNN, LYDON C
 Name:
 DUNN, LYDON C

 Address:
 11335 NW 18TH CT
 Address:
 11335 NW 18TH CT

City-St-Zip: PLANTATION, FL 33323 City-St-Zip: PLANTATION ACRES, FL 33323

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYDON C. DUNN T 04/30/2009