

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90258 048 ****61.25

DOCUMENT # N03000002282
 1. Entity Name
BRYDEN VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**TOWNSHIP PLAZA
 4400 W SAMPLE RD STE 200
 COCONUT CREEK, FL 33073-3450**

Mailing Address
**TOWNSHIP PLAZA
 4400 W SAMPLE RD STE 200
 COCONUT CREEK, FL 33073-3450**

14009703



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232005 Chg-NP CR2E037 (10/03)

4. FEI Number 27-0077490	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MINTO COMMUNITIES, INC. ATTN HARRY POSSIN 4400 W SAMPLE RD STE 200 COCONUT CREEK, FL 33073-3450	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEER, T.R. <input type="checkbox"/> Delete 4400 W SAMPLE RD STE 200 COCONUT CREEK, FL 330733450	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CLEMENT, GARY <input checked="" type="checkbox"/> Delete 4400 W SAMPLE RD STE 200 COCONUT CREEK, FL 330733450	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEELMAN, MICHELLE 4400 W. SAMPLE RD, STE 200 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST RODGERS, FRANK <input type="checkbox"/> Delete 4400 W SAMPLE RD STE 200 COCONUT CREEK, FL 330733450	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Rodgers* **FRANK RODGERS** April 22 2005 (954) 973 4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #