


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 22, 2005 8:00 am**  
**Secretary of State**

07-22-2005 90019 025 \*\*\*\*61.25

<b>DOCUMENT # N03000007989</b>	
1. Entity Name <b>BRADFORD LAKES HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>10471 SIX MILE CYPRESS PKWY STE 2 FT MYERS, FL 33912</b>	Mailing Address <b>10471 SIX MILE CYPRESS PKWY STE 2 FT MYERS, FL 33912</b>
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**50056962**



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

*Tropical Isles Mgmt.*  
*12734 Kenwood Lane*  
*Fort Myers, FL*  
*33907 USA*

05112005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>57-1208144</b> <b>APPLIED FOR</b>	Applied For <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		7. Name and Address of New Registered Agent	
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33902		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>Filing Fee Is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBITETTO, JOHN	NAME	
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY STE 2	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	READER, JAMES	NAME	
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY STE 2	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, KIRK	NAME	
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY STE 2	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS, FL 33912	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBIN, DELINDA	NAME	
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY #2	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	<i>ASM</i>
STREET ADDRESS		STREET ADDRESS	<i>Don Redding</i>
CITY-ST-ZIP		CITY-ST-ZIP	<i>12734 Kenwood Lane</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *D. Debitetto* *Don Redding* *5/1/05* *(235) 939-2595*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #