

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90129 040 \*\*\*\*61.25

<b>DOCUMENT # N03000007989</b>					
<b>1. Entity Name</b> BRADFORD LAKES HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907			<b>Mailing Address</b> 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 57-1208144	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
TROPICAL ISLES MGMT SVCS, INC. 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BOLASH, STEVE <i>Treasurer</i> <input type="checkbox"/> Delete 3504 GRAND CYPRESS CT NAPLES, FL 34119		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>NORMAN Raby</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President 3591 GRAND CYPRESS DR NAPLES FLA. 34119	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input checked="" type="checkbox"/> Delete BERG, JUANITA 3575 GRAND CYPRESS DR NAPLES, FL 34119		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DAN Pheatt</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Secretary 3622 Grand Cypress Dr. Naples FLA 34109	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input type="checkbox"/> Delete CONNOR, BILL 3495 GRAND CYPRESS CT NAPLES, FL 34119		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>Fran Crimmins</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR 3495 GRAND CYPRESS CT NAPLES FL 34119	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Delete ANTHONY, MARK 3563 GRAND CYPRESS DR NAPLES, FL 34119		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEVE BOLASH 3504 GRAND CYPRESS COURT NAPLES, FL 34119	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>ASM</b> <input type="checkbox"/> Delete ROEDDING, DON 12734 KENWOOD LANE FORT MYERS, FL 33907		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <input type="checkbox"/> Delete FISHER, GEORGE 3666 GRAND CYPRESS DR NAPLES, FL 34119		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b>					
<b>SIGNATURE:</b> <i>Norman Raby</i>			8-13-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		