

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90013 050 ****61.25

DOCUMENT # N03000007989 1. Entity Name BRADFORD LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907			Mailing Address 12734 KENWOOD LN SUITE 49 FORT MYERS, FL 33907		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 57-1208144	
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		
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;"> FL Zip Code </div>		
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 _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T BOLASH, STEVE <input type="checkbox"/> Delete		TITLE	Pres. Norm RABY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BOLASH, STEVE		NAME	3591 GRAND CYPRESS DR.	
STREET ADDRESS	3504 GRAND CYPRESS CT		STREET ADDRESS	NAPLES FLA, 34119	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	S PHEATT, DAVID <input type="checkbox"/> Delete		TITLE		
NAME	PHEATT, DAVID		NAME		
STREET ADDRESS	3622 GRAND CYPRESS DR.		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	VD CONNOR, BILL <input type="checkbox"/> Delete		TITLE		
NAME	CONNOR, BILL		NAME		
STREET ADDRESS	3495 GRAND CYPRESS CT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	D CRIMMINS, FRAN <input type="checkbox"/> Delete		TITLE		
NAME	CRIMMINS, FRAN		NAME		
STREET ADDRESS	3496 GRAND CYPRESS CT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	ASM ROEDDING, DON <input checked="" type="checkbox"/> Delete		TITLE		
NAME	ROEDDING, DON		NAME		
STREET ADDRESS	12734 KENWOOD LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	TD FISHER, GEORGE <input type="checkbox"/> Delete		TITLE		
NAME	FISHER, GEORGE		NAME		
STREET ADDRESS	3666 GRAND CYPRESS DR		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
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.					
SIGNATURE:			2-20-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
Daytime Phone #					