

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007989

FILED
Jan 27, 2009
Secretary of State

Entity Name: BRADFORD LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

12734 KENWOOD LN
SUITE 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12734 KENWOOD LN
SUITE 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 57-1208144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TROPICAL ISLES MGMT SVCS, INC.
12734 KENWOOD LN
SUITE 49
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BOLASH, STEVE
Address: 3504 GRAND CYPRESS CT
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: PHEATT, DAVID
Address: 3622 GRAND CYPRESS DR.
City-St-Zip: NAPLES, FL 34119

Title: VD () Delete
Name: CONNOR, BILL
Address: 3495 GRAND CYPRESS CT
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: CRIMMINS, FRAN
Address: 3496 GRAND CYPRESS CT
City-St-Zip: NAPLES, FL 34119

Title: P () Delete
Name: RABY, NORM
Address: 3591 GRAND CYPRESS DR
City-St-Zip: NAPLES, FL 34119

Title: TD () Delete
Name: FISHER, GEORGE
Address: 3666 GRAND CYPRESS DR
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: CONNOR, BILL
Address: 3495 GRAND CYPRESS CT
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JEANNIE NESPOLI

CAM

01/27/2009

Electronic Signature of Signing Officer or Director

Date