2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

FILED

Secretary of State

Mar 19, 2007 8:00 am

03-05-2007 90039 022 ****61.25 **DOCUMENT # N04000002665** 1. Enlity Name
HARBORAGE ON BRADEN RIVER CONDOMINIUM ASSOCIATION I, INC. 66005572 Principal Place of Business Mailing Address 8210 LAKEWOOD RANCH BLVD 8210 LAKEWOOD RANCH BLVD BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suita, Apt. #, etc. Suite, Apt. #, Btc. 02142007 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 20-3821553 Not Applicable Country Zο Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLALOCK, WALTERS HELD & JOHNSON, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 11TH ST W **BRADENTON, FL 34205** City 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 of printed name of registered agent and title if applicable. (NOTE: Registered Agent signatura required when rematating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 2 Addition Delate ☐ Change TITLE TITLE ANDERSON, ALAN NAME NAME 8210 LAKEWOOD RANCH BLVD STREET ADDRESS STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP ☐ Dele:e TITLE TATE BYRNES, KAREN NAME ateward RAnch Blu 8210 LAKEWOOD RANCH BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-ST. ZIP TITLE Delete TITLE Change - Cottion HEIM, PRISCILLA HALLE NAME Kakewood RAnch BluD 210 STREET ADDRESS 8210 LAKEWOOD RANCH BLVD STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34202 CITY-SI-ZIP Change TITE 6 Addition TITLE Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MANIE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 cath; 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 SIGNATURE: Ale SHERYL J. GALEA