
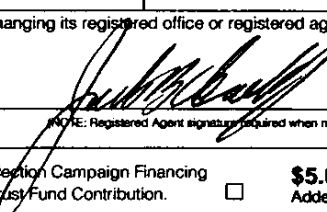
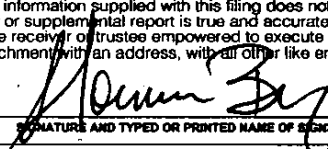


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2008 8:00 am**  
**Secretary of State**

03-26-2008 90019 028 \*\*\*\*61.25

<b>DOCUMENT # N04000011733</b> 1. Entity Name <b>BRADY POINT PRESERVE COMMUNITY ASSOCIATION, INC.</b>			
Principal Place of Business <b>3000 FIRST COAST HWY AMELIA ISLAND, FL 32035-3000</b>		Mailing Address <b>3000 FIRST COAST HWY AMELIA ISLAND, FL 32035-3000</b>	
2. Principal Place of Business - No P.O. Box # <b>Amelia Island Mgmnt</b> Suite, Apt. #, etc. <b>3000 First Coast Hwy</b> City & State <b>Amelia Island, FL</b> Zip <b>32034</b>		3. Mailing Address <b>Amelia Island Mgmnt</b> Suite, Apt. #, etc. <b>3000 First Coast Hwy</b> City & State <b>Amelia Island, FL</b> Zip <b>32034</b>	
4. FEI Number <b>83-0432450</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  <b>GREGORY, DAVID B. 3000 FIRST COAST HWY AMELIA ISLAND, FL 32035-3000</b>		7. Name and Address of New Registered Agent Name <b>Jack B. Healan, Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3000 First Coast Hwy</b> City <b>Amelia Island, FL</b> Zip Code <b>32034</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.  SIGNATURE <b>Jack B. Healan, Jr.</b>  <b>3/11/08</b> <small>Signature, in ink, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRAY, S NORMAN 3000 FIRST COAST HWY AMELIA ISLAND, FL 320353000	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOORE, WILLIAM 3000 FIRST COAST HWY AMELIA ISLAND, FL 320353000	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PALMISANO, LAURA 3000 FIRST COAST HWY AMELIA ISLAND, FL 320353000	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	
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>SIGNATURE:</b> 		<b>2/28/08</b> <b>904-277-5100</b> <small>Date Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR</small>			