

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90050 018 ****61.25

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02182007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000006246 1. Entity Name BRADISSEN PLACE CONDOMINIUM ASSN., INC.					
Principal Place of Business SUN LU PROPERTIES, INC. 4131 NW 13TH ST SUITE 207 GAINESVILLE, FL 32609			Mailing Address 4131 NW 13TH ST SUITE 207 GAINESVILLE, FL 32609		
2. Principal Place of Business - No P.O. Box # 901 NW 8th Avenue Suite, Apt. #, etc. Suite A-6 City & State Gainesville, Florida Zip 32601		3. Mailing Address 901 NW 8th Avenue Suite, Apt. #, etc. Suite A-6 City & State Gainesville, Florida Zip 32601		4. FEI Number 26-0120544	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WILSON, SALLY ANN SUN LU PROPERTIES, INC. 4131 NW 13TH ST SUITE 207 GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent Name Wilson, Sally Ann, Sun Lu Properties, Inc. Street Address (P.O. Box Number is Not Acceptable) 901 NW 8th Avenue, Suite A-6 City Gainesville, FL 32601 State FL Zip Code 32601		
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 <small>Signature - type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> Sally Ann Wilson					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, LINLEY 3425 SW 29TH TERR SUITE A101 GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PENA, JOAN 3425 SW 29TH TERR SUITE A103 GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. Pena, Amber 3425 SW 29th Ter, Suite A103 Gainesville, FL 32608 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RETHANY, COOLEY 3425 SW 29TH TERR SUITE A203 GAINESVILLE, FL 32608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Bethany Cooley 3425 SW 29th Terr, Suite A203 Gainesville, FL 32608 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLDER, KEITH 3425 SW 29TH TERRACE GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			February 22, 2007 (352)373-0874		
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Sally Ann Wilson					