

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90348 001 ****61.25

DOCUMENT # N05000006435					
1. Entity Name BRADFORD PROFESSIONAL PARK OWNERS' ASSOCIATION, INC.					
Principal Place of Business 5026 TRENTON STREET TAMPA, FL 33619			Mailing Address 5026 TRENTON STREET TAMPA, FL 33619		
2. Principal Place of Business 2154 Seven Springs Blvd <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2154 Seven Springs Blvd <small>Suite, Apt. #, etc.</small>			
City & State New Port Richey, FL Zip: 34655		City & State New Port Richey, FL Zip: 34655		4. FEI Number 13-4322277	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent KESSLER, MARTIN 1907 W KENNEDY BLVD TAMPA, FL 33606			7. Name and Address of New Registered Agent Name: James Noto Street Address (P.O. Box Number is Not Acceptable): 2154 Seven Springs Blvd City: New Port Richey, FL Zip Code: 34655		
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:				DATE: 4/28/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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: PST NAME: JOHNSON, PAMELA A STREET ADDRESS: 5026 TRENTON STREET CITY-ST-ZIP: TAMPA, FL 33619	<input checked="" type="checkbox"/> Delete		TITLE: Pres/D NAME: Barry Horvath STREET ADDRESS: 10013 Fountain Ct CITY-ST-ZIP: New Port Richey, FL 34654	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: V/P NAME: Don Clark STREET ADDRESS: 1084 Berkshire Ln. CITY-ST-ZIP: Tarpon Springs, FL 34688	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: TREAS/D NAME: James Noto STREET ADDRESS: 2154 Seven Springs Blvd CITY-ST-ZIP: New Port Richey, FL 34655	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<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:			Date: 4/28/06 Daytime Phone #: 727-492-3384		