

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 25, 2007 8:00 am
Secretary of State

04-23-2007 90046 016 ****61.25

DOCUMENT # N06000000102 1. Entity Name BRADFORD PLACE ASSOCIATION, INC.					
Principal Place of Business 6363 N.W. 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309			Mailing Address 6363 N.W. 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIMON, ERIC A 6363 N.W. 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309			Name <u>David Rosenthal</u> Street Address (P.O. Box Number is Not Acceptable) <u>Phoenix management Inc</u> City <u>3082 Jog Rd</u> <u>Lake Worth</u> <u>FL</u> Zip Code <u>33467</u>		
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 <u>David C. Rosenthal</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/2/07</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$81.25 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	TITLE	NAME
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: <u>[Signature]</u>			DATE <u>4-6-07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		