

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -1 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02142007 Chg-NP CR2E037 (12/06) 07

4. FEI Number 20-5599729	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SIMON, ERIC A 6363 N.W. 6TH WAY SUITE 250 FT. LAUDERDALE, FL 33309	
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Name ROBERT SHELLEY Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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	ROBERT SHELLEY	4/24/07
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Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	ROBERT SHELLEY
STREET ADDRESS		STREET ADDRESS	6363 NW 6TH WAY #250
CITY-ST-ZIP		CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JACK SHELLEY
STREET ADDRESS		STREET ADDRESS	6363 NW 6TH WAY #250
CITY-ST-ZIP		CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	JASON SHELLEY
STREET ADDRESS		STREET ADDRESS	6363 NW 6TH WAY #250
CITY-ST-ZIP		CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

500102238453  
05/14/07--01010--006 \*\*61.25

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:	ROBERT SHELLEY	4/24/07	954-318-1000
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