## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N06000000102

Entity Name: BRADFORD PLACE ASSOCIATION, INC.

FILED Aug 26, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

6363 N.W. 6TH WAY C/O PROGRESSIVE MANAGEMENT SUITE 250 5400 S. UNIVERSITY DR. #101

FT. LAUDERDALE, FL 33309 DAVIE, FL 33328

**Current Mailing Address:** New Mailing Address:

C/O PROGRESSIVE MANAGEMENT 6363 N.W. 6TH WAY SUITE 250 5400 S. UNIVERSITY DR. #101

FT. LAUDERDALE, FL 33309 DAVIE, FL 33328

FEI Number: 20-5599729 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHELLEY, ROBERT PROGRESSIVE MANAGMENT ASSOCIATES, INC. 6363 NW 6TH WAY 5400 S UNIVERSITY DRIVE #101

SUITE 250 DAVIE, FL 33328 FORT LAUDERDALE, FL 33309 US

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.

SIGNATURE: JONATHAN LOUIS 08/26/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete SHELLEY, ROBERT IGNICO, VINCENT Name: Name:

6363 N.W. 6TH WAY, #250 Address: 5400 S. UNIVERSITY DR. #101 Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: **DAVIE. FL 33328** 

Title: DV Title:

(X) Change ( ) Addition ( ) Delete SHELLEY, JASON Name: LUIS, ALBERTO Name:

Address: 6363 N.W. 6TH WAY, #250 Address: 5400 S. UNIVERSITY DR. #101 City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: **DAVIE, FL 33328** 

Title: DVST () Delete Title: (X) Change ( ) Addition SHORT, JACK SPENCER, EDVARD Name: Name:

6363 N.W. 6TH WAY, #250 5400 S. UNIVERSITY DR. #101 Address: Address: City-St-Zip: FT. LAUDERDALE, FL 33309 City-St-Zip: DAVIE, FL 33328

Title: () Delete Title: DS ( ) Change (X) Addition

Name: Name: SPENCER, SHEREATHA 5400 S. UNIVERSITY DR. #101 Address: Address: City-St-Zip: City-St-Zip: **DAVIE, FL 33328** 

Title: () Delete Title: ( ) Change (X) Addition

MULLEN, JOHN Name: Name:

5400 S. UNIVERSITY DR. #101 Address: Address:

City-St-Zip: City-St-Zip: **DAVIE, FL 33328** 

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN LOUIS MGR 08/26/2009