

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012787

FILED
Apr 23, 2009
Secretary of State

Entity Name: BRADFORD OVERLOOK CONDOMINIUMS ASSOCIATION, INC.

Current Principal Place of Business:

508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TURNER, DOUGLAS E
508-A CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: TURNER, DOUGLAS E
Address: 508-A CAPITAL CIRCLE SE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD () Delete
Name: BRIDGES, DARON E
Address: 508-A CAPITAL CIRCLE SE
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SMITH, LINDA H
Address: 508-A CAPITAL CIRCLE SE
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD () Change (X) Addition
Name: RICHARDSON, CLYDE F
Address: 508-A CAPITAL CIRCLE SE
City-St-Zip: TALLAHASSEE, FL 32301

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: DOUGLAS E. TURNER

PSTD

04/23/2009

Electronic Signature of Signing Officer or Director

Date