

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90120 012 \*\*\*\*61.25

**60027039**



<b>DOCUMENT # N10599</b> 1. Entity Name <b>BRADEN CASTLE ASSOCIATION, INC.</b>					
Principal Place of Business <b>#1 OFFICE DRIVE BRADENTON, FL 34208 US</b>			Mailing Address <b>#1 OFFICE DRIVE BRADENTON, FL 34208 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-0184075</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>HARRISON, THOMAS W 1206 MANATEE AVE. WEST BRADENTON, FL 34205</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BARTRUM, WILLIAM</b> <b>7 BRANDEN CASTLE DR</b> <b>BRADENTON, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BORDERS, PATRICIA</b> <b>4 Parkview</b> <b>Bradenton, FL. 34208</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>COOLIDGE, BRALEY</b> <b>11 COLUMBIA ST</b> <b>BRADENTON, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Johnson, C. C.</b> <b>15 Seminole Dr.</b> <b>Bradenton, FL. 34208</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MATTERN, DORIS</b> <b>1206 MANATEE AVE W</b> <b>BRADENTON, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Abrams, Jim</b> <b>10 Oak St.</b> <b>Bradenton, FL. 34208</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>GRIFFITH, BRUCE</b> <b>11 HIGH STREET</b> <b>BRADENTON, FL 34208</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>REIGELSPERGER, WARREN</b> <b>64 BRADEN CASTLE DR</b> <b>BRADENTON, FL</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ZIMMERMAN, DON</b> <b>33 BRADEN CASTLE DR</b> <b>BRADENTON, FL</b>		<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.					
<b>SIGNATURE:</b> <i>Candace Sue Neff</i> <b>CANDACE SUE NEFF, ASST. MGR</b> <b>4-6-06</b> <b>941-746-7700</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					