2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N17772

Entity Name: BRADEN WOODS PHASE VI HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

BRADEN WDS VI HOA
5803 BRADEN RUN
BRADENTON, FL 34202 US

New Principal Place of Business:

BRADEN WDS VI HOA
9115 58TH DRIVE EAST SUITE A
BRADENTON, FL 34202 US

Current Mailing Address:

BRADEN WDS VI HOA
7132 JARVIS RD
SARASOTA, FL 34243 US

New Mailing Address:

BRADEN WDS VI HOA
9115 58TH DRIVE EAST SUITE A
BRADENTON, FL 34202 US

FEI Number: 65-0035756 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUNTREE WIDE MGT
9115 58TH DR. E. STE A
BRADENTON, FL 34202 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: PD ( ) Delete
Name: COTE, BOB
Address: 6505 99TH ST E
City-St-Zip: BRADENTON, FL 34202

Title: S ( ) Delete
Name: WADDELL, JEAN
Address: 6305 99TH ST. E
City-St-Zip: BRADENTON, FL 34202

Title: T ( ) Delete
Name: COOPES, DON
Address: 6821 97TH ST. E
City-St-Zip: BRADENTON, FL 34202

Title: D ( ) Delete
Name: WEAKLEY, ANDY
Address: 6405 99 ST E
City-St-Zip: BRADENTON, FL 34202

Title: VP ( ) Delete
Name: ROME, DEE
Address: 6013 99TH ST.
City-St-Zip: BRADENTON, FL 34202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: BOB COTE PD 04/30/2008

Electronic Signature of Signing Officer or Director — Date