## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 07, 2008 8:00 am

AIMONE INEI WILL					Secretary of State				
DOCUMENT # N26981  1. Entity Name BRADEN RIVER LAKES MASTER ASSOCIATION, INC.					05-07-2008 90104 017 ****61.25				
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Principal Place 4301 32ND S SUITE A19		Mailing Address 4301 32ND ST W SUITE A19							
BRADENTON		BRADENTON, FL 34205	US	٠٠.					
	lace of Business - No P.O. Box # Town Center Pkwy # etc	3. Mailing Address  903   TOWN ( Suite, Apt. #, etc.	ienteri	My			5,2,3, 5,2,7, 5,5,5		]  <b>1</b>    <b>1</b>
City & State	. 144	City & State		·	03242008 C	thg-NP	CR2E03	7 (12/06)	plied For
Brade		Bradentor	Country		59-29015		(		t Applicable
34-202	_ USA	34202	μŚΑ		5. Certificate of S		- L	ee Required	
6. Name and Address of Current Registered Agent  C & S CONDO MGMNT SERV INC				Name Advanced Management, Inc.					
4301 32NE SUITE A19	) ST W			et Address (P.O. Box Number is Not Acceptable) 9031 TOWN CENTEY Parkway					
BRADENT	ON, FL 34205		City -		•			Zip Code	<u> </u>
The above named entity submits this statement for the purpose of changing its registered.				r registere	ed agent, or both, in	the State of Flo	FL orida. I am fa	34	202
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  Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: P	egistered Agent signat	ure required	when reinstating)		DATE		
						Market Market		payable to	2
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Cor	aign Financing ntribution.		\$5.00 May Be Added to Fees	Flor	ake check ida Depart		tate:
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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 tike empowered.

SIGNATURE:

Daytime Phone #