

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90110 011 ****61.25

DOCUMENT # N28310

1. Entity Name
BRADSTROM VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S.#215
NAPLES, FL 34104 US**

Mailing Address
**C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S.#215
NAPLES, FL 34104 US**



2. Principal Place of Business - No P.O. Box #

C/O Resort Management

Suite, Apt. #, etc.
834 Bald Eagle Drive

City & State
Marco Island, FL

Zip
34145

Country
US

3. Mailing Address

C/O Resort Management

Suite, Apt. #, etc.
834 Bald Eagle Dr.

City & State
Marco Island, FL

Zip
34145

Country
US

03312008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1695770

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GREUSEL, JAIME
1104 N. COLLIER BLVD.
MARCO ISLAND, FL 34145**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> Delete
NAME	SORCE, ANGELO	
STREET ADDRESS	117 SOUTH MILL RD.	
CITY-ST-ZIP	ADDISON, IL 60101	
TITLE	V	<input type="checkbox"/> Delete
NAME	DONOVAN, LAWRENCE	
STREET ADDRESS	332 BRADSTROM CR. D104	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	P	<input type="checkbox"/> Delete
NAME	COUTURE, DAVID	
STREET ADDRESS	328 BRADSTROM CIRCLE #E203	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ALAN, HELEN	
STREET ADDRESS	328 BRADSTROM CR E101	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOLDBACH, KAREN	
STREET ADDRESS	332 BRADSTROM CIRCLE #D102	
CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**D
Aim, Helen
328 Bradstrom Circle # E101
Naples, FL 34114**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #