

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N43525 (7)
1. Corporation Name
BRADFORD COVE MASTER ASSOCIATION, INC.



Principal Place of Business Mailing Address
431 E CENTRAL BLVD
SUITE 220
ORLANDO FL 32802
US
C/O FLORIDA MANAGEMENT
P.O. BOX 73
ORLANDO FL 32802
US

2. Principal Place of Business 21 2180 WEST SR 434 Suite, Apt. #, etc. 22 5000 City & State 23 LONGWOOD FL Zip 24 32779 Country 25 USA	2a. Mailing Address 26 2180 WEST SR 434 Suite, Apt. #, etc. 27 5000 City & State 28 LONGWOOD FL Zip 29 32779 Country 30 USA	3. Date Incorporated or Qualified 05/22/1991 3a. Date of Last Report 05/01/1995 4. FEI Number 59-2936261 Applied For Not Applicable 5. Certificate of Status Desired 8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
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9. Name and Address of Current Registered Agent

FLORIDA MANAGEMENT SERVICES
431 E CENTRAL BLVD
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name JAMES W HART JR 82 Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC 83 2180 WEST SR 434 SUITE 5000 84 City LONGWOOD 85 Zip Code 32779

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PAVLIS, MARY 3914 LAKE MIRAGE BLVD ORLANDO FL	1.1 TITLE	VD Change Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD LEWIS, SANDRA 8066 WALDORF CT ORLANDO FL	2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP LUTA, ROBIN 3804 ICKWICK DR ORLANDO FL	3.1 TITLE	PD Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	3804 PICKWICK DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD LEWIS, SANDI 8066 WALDOLF COURT ORLANDO FL	4.1 TITLE	STD Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	7900 WALDORF COURT
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	TD GREENHUT, RICHARD 7796 WICKLOW ST. ORLANDO FL	5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robin A. Luta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBIN A LUTA

4-10-96

Date

Daytime Phone #

CR2E037 (12/95)