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Mar 31 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N43525 (7)

1. Corporation Name

BRADFORD COVE MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

52 E S STREET  
ORLANDO FL 32801  
US

52 E S STREET  
ORLANDO FL 32801  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

DON ASHER & ASSOC, INC.  
52 E S STREET  
ORLANDO FL 32801

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME MCCOY, BILL  
STREET ADDRESS 3704 PICKWICK DR  
CITY-ST-ZIP ORLANDO FL

TITLE PD ☒ DELETE

NAME LUTA, ROBIN  
STREET ADDRESS 3804 PCKWICK DR  
CITY-ST-ZIP ORLANDO FL

TITLE STD ☐ DELETE

NAME SPITALE, STEVE  
STREET ADDRESS 7000 WALDORF COURT  
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE v/t/d ☒ Change ☐ Addition

1.2 NAME McCoy, Bill

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE S/V/D ☐ Change ☒ Addition

2.2 NAME Turner, Rose  
2.3 STREET ADDRESS 3837 Pickwick Dr.  
2.4 CITY-ST-ZIP Orlando, FL

3.1 TITLE P/D ☒ Change ☐ Addition

3.2 NAME Spitale, Steve

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Rose Turner Rodriquez

3/27/98

407-679-402

CR2E037 (10/97)