

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90019 034 ****61.25

DOCUMENT # N43525

1. Entity Name
BRADFORD COVE MASTER ASSOCIATION, INC.



Principal Place of Business
**52 E S STREET
ORLANDO, FL 32801 US**

Mailing Address
**52 E S STREET
ORLANDO, FL 32801 US**

54032817



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-2936261

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2004**

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 PD ☐ Delete
NAME BURGER, DAVID
STREET ADDRESS 8034 WOODFARE COURT
CITY-ST-ZIP ORLANDO, FL 32817

TITLE VTD ☒ Delete
NAME HYDE, BRENT
STREET ADDRESS 8033 WOODFARE COURT
CITY-ST-ZIP ORLANDO, FL 32817

TITLE SD ☒ Delete
NAME SASLAW, KAREN
STREET ADDRESS 3821 PICKWICK DRIVE
CITY-ST-ZIP ORLANDO, FL 32817

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Change ☒ Addition
NAME TERESA HEIDISH
STREET ADDRESS 8028 WOODFARE COURT
CITY-ST-ZIP ORLANDO FL 32817

TITLE VD ☐ Change ☒ Addition
NAME DON BELLERIVE
STREET ADDRESS 7933 WALDORF COURT
CITY-ST-ZIP ORLANDO FL 32817

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 #

4/8/04

407 246 1688