

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

05-26-2006 90015 006 \*\*\*\*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**

**50019773**



2. Principal Place of Business  
**1801 Cook Avenue**  
Suite, Apt. #, etc.

3. Mailing Address  
**1801 Cook Avenue**  
Suite, Apt. #, etc.

04282006 Chg-NP CR2E037 (4/06)

City & State  
**Orlando Florida**  
Zip  
**32806**

City & State  
**Orlando Florida**  
Zip  
**32806**

4. FEI Number  
**59-2936261**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**DON ASHER & ASSOC, INC.  
52 E S STREET  
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent  
Name **STEVEN D ABRAHAM**  
Street Address (P.O. Box Number is Not Acceptable)  
**1801 Cook Avenue**  
City **Orlando** FL Zip Code **32806**

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, 2006**

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	<input type="checkbox"/> Delete
NAME	BURGER, DAVID	
STREET ADDRESS	8034 WOODFARE COURT	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEIDISH, TERESA	
STREET ADDRESS	8028 WOODFARE COURT	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAMBUSTA, JOSEPH	
STREET ADDRESS	8121 DEVILLE COURT	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		
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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

*David Burger President* 5/14/06 407 677 0270