2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N43907

1. Entity Name
ESPLANADE HOME OWNER'S ASSOCIATION OF BRADENTON, INC.

Principal Place of Business	Mailing Address
116 SARASOTA QUAY SARASOTA, FL 34236 US	116 SARASOTA QUAY SARASOTA, FL 34236 US

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0288434
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WRIGHT, BARBARA
116 SARASOTA QUAY
SARASOTA, FL 34236

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELIE, CLAY
STREET ADDRESS	4714 63RD DR W
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	VPT
NAME	LANE, MOSES
STREET ADDRESS	5018 63RD DR., W
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	SD
NAME	REDFORD, NEIL
STREET ADDRESS	4811 64TH DR W
CITY-ST-ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80045-023 61.25

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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: _____ 2/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #