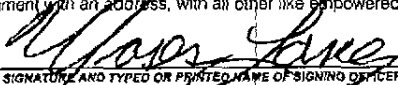


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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 116 SARASOTA QUAY SARASOTA, FL 34236 US	Mailing Address 116 SARASOTA QUAY SARASOTA, FL 34236 US	
DO NOT WRITE IN THIS SPACE		
		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		DO NOT WRITE IN THIS SPACE
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DELIE, CLAY 4714 63RD DR W BRADENTON, FL 34210	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT LANE, MOSES 6018 63RD DR., W BRADENTON, FL 34210	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REDFORD, NEIL 4811 64TH DR W BRADENTON, FL 34210	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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		2/10/06 Date Daytime Phone # _____