

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90036 022 ****61.25

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03162007 Chg-NP CR2E037 (12/06)

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|--|---|--|---|--|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 1226 N. Tamiami Trail | | 3. Mailing Address 1226 N. Tamiami Trail | | | |
| Suite, Apt. #, etc. #200 | | Suite, Apt. #, etc. #200 | | | |
| City & State Sarasota, FL | | City & State Sarasota, FL | | 4. FEI Number 65-0288434 | |
| Zip 34236 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 34236 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WRIGHT, BARBARA 116 SARASOTA QUAY SARASOTA, FL 34236 | | | | 7. Name and Address of New Registered Agent Name Wright, Barbara Street Address (P.O. Box Number is Not Acceptable) 1226 N. Tamiami Trail, #200 City Sarasota FL Zip Code 34236 | |
| 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 4/13/07 DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DELIE, CLAY 4714 63RD DR W BRADENTON, FL 34210 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT LANE, MOSES 5018 63RD DR., W BRADENTON, FL 34210 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REDFORD, NEIL 4811 64TH DR W BRADENTON, FL 34210 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | | |
| 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: 4/4/07 Date 841-758-3720 Daytime Phone # <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |