## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N43907

FILED Feb 16, 2009 Secretary of State

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

Current Principal Place of Business:			New Principal Place of Business:	
	AMIAMI TRAIL			
200 ARASOT	A, FL 34236	US		
Current Mailing Address:		New Mailing Address:		
	AMIAMI TRAIL			
200 ARASOT	A, FL 34236	US		
El Number:	: 65-0288434	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
226 N. Ť <i>A</i>	BARBARA AMIAMI TRAIL,	#200		
he above	A, FL 34236 named entity see of Florida.	US	ourpose of changing its register	red office or registered agent, or both,
he above the State	named entity se of Florida.	US	ourpose of changing its register	red office or registered agent, or both,
he above the State	named entity se of Florida.	US		red office or registered agent, or both,  Date
he above the State	named entity se of Florida.	US submits this statement for the particles of Registered Agr	ent	
he above the State	named entity se of Florida.  RE: Electron  S AND DIREC	US submits this statement for the particle Signature of Registered Age TORS: Delete W	ent	Date
he above the State IGNATUF  FFICER: tte: ame: ddress:	e named entity se of Florida.  RE:  Electron  S AND DIREC  PD (1)  DELIE, CLAY  4714 63RD DR  BRADENTON, F	US submits this statement for the price Signature of Registered Age TORS: Delete W FL 34210 Delete Delete	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date  GES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAY DELIE PRES 02/16/2009