

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N50635	
1. Entity Name BRADLEY PARK, INC.	

Principal Place of Business 44 EAST BRADLEY STREET MIRAMAR BEACH, FL 32550 US	Mailing Address 44 EAST BRADLEY ST. BOX 15 MIRAMAR BEACH, FL 32550 US
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03062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3199826	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANDERSON, ROBERT J 44 EAST BRADLEY STREET #12 MIRAMAR BEACH, FL 32550

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

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. 2006-2007 12-22-06-05-06-11-12-13-14-15
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, ROBERT J 44 E. BRADLEY ST. #12 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GOODSON, PERRY F 44 E BRADLEY ST #14 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAGNON, JOSEPH R P.O. BOX 325 FT MITCHELL, AL 36856
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMURRAY, GEORGE R 1911 N. CHEROKEE AVE. DOTHAN, AL 36303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FILION, MONIQUE P.O. BOX 6579 MIRAMAR BEACH, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <u>Perry F. Goodson</u>	<u>PERRY F. GOODSON</u>	<u>3/7/06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <u>850-654-0057</u>