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Mar 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N51311 (1)

1. Corporation Name

BRADFORDT PARK ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O MID-FLORIDA PROP MGMT
5250 S US HWY 17-92
CASSELBERRY FL 32707
US

C/O MID-FLORIDA PROP MGMT
PO BOX 182150
CASSELBERRY FL 32718-2150
US

3. Date Incorporated or Qualified
10/12/1992

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

4. FEI Number
59-3145015

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes ☐ Yes ☒ No

24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPARE, WILLIAM C
C/O MID-FLORIDA PROPERTY MGMT
5250 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY FL 32707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SIKORSKI, JONI M.
STREET ADDRESS 3055 BIRMINGHAM BLVD.
CITY-ST-ZIP ORLANDO FL 32829

1.1 TITLE D/P/T ☒ Change ☐ Addition
1.2 NAME Emling, Joni M.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME NAPOLITANO, TERRY
STREET ADDRESS 3043 BIRMINGHAM BLVD.
CITY-ST-ZIP ORLANDO FL 32829

2.1 TITLE V/S/D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME EMLING, RICHARD
STREET ADDRESS 3055 BIRMINGHAM BLVD.
CITY-ST-ZIP ORLANDO FL 32829

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Ramos, Luz
3.3 STREET ADDRESS 3236 Birmingham Blvd.
3.4 CITY-ST-ZIP Orlando, FL 32829

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x JONI M. EMLING x
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013337

CR2E037 (9/96)