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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000636**

1. Corporation Name
BRADEN WOODS OFFICE PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BRADEN WOODS OFFICE PARK 5803 BRADEN RUN BRADENTON FL 34202 US	BRADEN WOODS OFFICE PARK 5803 BRADEN RUN BRADENTON FL 34202 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 9115 58th DR. E.	26 9115 58th DR. E.	02/08/1994
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27 Suite A	4. FEI Number 65-0570215 ☐ Applied For ☐ Not Applicable
City & State 23 BRADENTON, FL	City & State 28 BRADENTON, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 34202 Country 25 USA	Zip 29 34202 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CROWN-BOLTZ, KITT L
5803 BRADEN RUN
BRADENTON FL 34202

10. Name and Address of New Registered Agent

81 Name: Phillip D. Leckey
82 Street Address (P.O. Box Number is Not Acceptable): 9115 58th DR. E.
83: Suite B
84 City: BRADENTON FL 85 Zip Code: 34202

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 _____ PHILLIP D. LECKEY 2/12/99
Signature, typed or printed name 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CROWN-BOLTZ, KATHRYN M 5803 BRADEN RUN BRADENTON FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CALOON, RON 5803 BRADEN RUN BRADENTON FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD D'URSO, LARRY 5803 BRADEN RUN BRADENTON FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	9115 58th DR EAST Suite A BRADENTON, FL. 34202	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VPD Phillip D. Leckey 9115 58th DR. EAST Suite B BRADENTON, FL. 34202	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	ST LINDA K. SANDERS 9115 58th DR. EAST Suite B BRADENTON, FL. 34202	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED PHILLIP D. LECKEY 2/12/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #