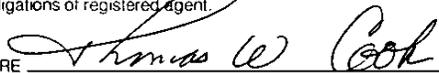
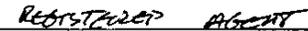
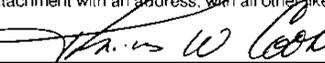
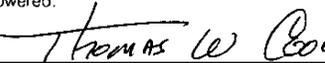


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90034 029 \*\*\*\*61.25

<b>DOCUMENT # N96000001082</b>			
1. Entity Name BRADEN CROSSINGS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business SRO PROPERTY MANAGEMENT 2107 63RD AVENUE E BRADENTON, FL 34203 US		Mailing Address SRO PROPERTY MANAGEMENT 2107 63RD AVENUE E BRADENTON, FL 34203 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SRO PROPERTY MANAGEMENT, INC. 2107 63RD AVE E BRADENTON, FL 34203		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 		REGISTERED AGENT  DATE <u>4-10-08</u>	
Signature, in cursive or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME GREENDONNER, RICK STREET ADDRESS 4604 56TH TERRACE EAST CITY-ST-ZIP BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE <b>D</b> NAME <b>Ken Combo</b> STREET ADDRESS <b>4647 56th Dr E</b> CITY-ST-ZIP <b>BRADENTON, FL. 34203</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>BVP</b> NAME SIMONE, DARRIN STREET ADDRESS 5501 47TH STREET E CITY-ST-ZIP BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>V</b> NAME WALSH, RICHARD STREET ADDRESS 4656 56TH TERRACE EAST CITY-ST-ZIP BRADENTON, FL 34203	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>T</b> NAME HILL, JANICE STREET ADDRESS 4675 56TH DRIVE EAST CITY-ST-ZIP BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME DEJESUS, VIOLET STREET ADDRESS 4648 56TH TERRACE E CITY-ST-ZIP BRADENTON, FL 34203	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		SIGNATURE:  DATE: <u>4-10-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	