

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000000326 (7)**

1. Corporation Name
BRADSHAW PROPERTIES OWNERS' ASSOCIATION, INC.



Principal Place of Business: **22900 N. O'BRIEN ROAD HOWEY-IN-THE-HILLS FL 34737**
Mailing Address: **22900 N. O'BRIEN ROAD HOWEY-IN-THE-HILLS FL 34737**

3. Date Incorporated or Qualified: **01/24/1995** 3a. Date of Last Report

2. Principal Place of Business
21 **22051 N. O'Brien Road**
Suite, Apt. #, etc.
22
City & State
23 **Howey-in-the-Hills, FL**
Zip
24 **34737**
Country
25
2a. Mailing Address
26 **Post Office Box 3508**
Suite, Apt. #, etc.
27
City & State
28 **Orlando, FL**
Zip
29 **32802**
Country
30

4. FEI Number: **Applied for** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HATCHER, STEPHEN B
315 E. ROBINSON STREET
SUITE 600
ORLANDO FL 32801**

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, 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSHAW, CHARLES E JR.	1.2 NAME	
STREET ADDRESS	22900 N. O'BRIEN ROAD	1.3 STREET ADDRESS	22051 N. O'Brien Road
CITY - ST - ZIP	HOWEY-IN-THE-HILLS FL 34737	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHTOWER, L. CLEVELAND	2.2 NAME	
STREET ADDRESS	22900 N. O'BRIEN ROAD	2.3 STREET ADDRESS	22051 N. O'Brien Road
CITY - ST - ZIP	HOWEY-IN-THE-HILLS FL 34737	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATCHER, STEPHEN B	3.2 NAME	
STREET ADDRESS	315 E. ROBINSON ST., SUITE 600	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL 32801	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200001866802
STREET ADDRESS		6.3 STREET ADDRESS	-06/19/96--01041--023
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

(352) 429-4145

Date

Day/Time Phone #

CR2E037 (12/95)