## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N9500000326

BRADSHAW PROPERTIES OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90088 017 \*\*\*\*61.25

22051 N. O'BRIEN ROAD PU BOX 3908 HOWEY-IN-THE-HILLS FL 34737 ORLANDO FL 32802												
<b>—</b>	lace of Business	2a.	Mailing Address				3. Date incorporated or Qualifed 01/24/1995					
Suite, Apt.	# etc	20]	Suite, Apt. #, etc.				4. FEI Number		Τ.	Appl	ied For	
22		27		8			59-3385613			Not	Applicable ·	
City & Stat	9		City & State				E Carte de of Chair Basins		\$8.7	7 <b>5</b> Ad	ditional	
23		28					5. Certifcate of Status Desired	<u>ч</u> 	Fe	e Req	uired	
Zip	Country		Zip	Country	,		6. Election Campaign Financing		<b>\$</b> 5.	<b>00</b> M	lay Be	
24 25 29 30				)			Trust Fund Contribution			ded to	Fees	
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
				81	Į	Name						
HATCHER, STEPHEN B				82	t	Street Addre	Address (P.O. Box Number is Not Acceptable)					
315 E. RO	BINSON STREET			-	1							
SUITE 600	•			83	1							
ORLANDO	FL 32801			84	t	City			85	Zip Co	ode	
					ŀ			FL	•	a ito r		
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florid	da. Such change was auth	orizea by	u	named corpo he corporation	n's board of directors. I hereby accep	ot the appoi	ntment a	s regi	stered	
SIGNATURE	Signature, typed or printed name of registered agent	4 80-	A seedle ANOTE: Do	ainternd Aggs	nt .	signature required	when reinstating)	DATÉ				
12.	OFFICERS AND			13.		aignatura rodureo	ADDITIONS/CHANGES TO OF		ID DIRE	CTOR	S IN 12	
TITLE	D		☐ DELETE	1.1 TITLE	_				Cha	_	Addition	
NAME	BRADSHAW, CHARLES E JR.			1.2 NAME								
STREET ADDRESS	22051 N. O'BRIEN ROAD			1.3 STREE	T#	ADDRESS					ļ	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737			1.4 CITY-S								
TITLE	D		☐ DELETE	2.1 TITLE					☐ Cha	nge	Addition	
NAME	HIGHTOWER, L. CLEVELAND			2.2 NAME								
STREET ADDRESS	22051 N. O'BRIEN ROAD			2.3 STREE	T A	ADDRESS					. 1	
CITY-ST-ZIP	HOWEY-IN-THE-HILLS FL 34737			2. 4 CITY-5								
TITLE	D		☐ DELETE	3.1 TITLE					Cha	nge	Addition	
NAME	HATCHER, STEPHEN B			3.2 NAME							j	
STREET ADDRESS	315 E. ROBINSON ST., SUITE 6	00		3.3 STREE	TA	ADDRESS	•					
CITY-ST-ZIP	ORLANDO FL 32801			3.4. CITY-5	ST-	-ZIP		<del> </del>				
TITLE			☐ DELETE	4.1 TITLE					Cha	nge	☐ Addition	
NAME				4. 2 NAME								
STREET ADDRESS				4.3 STREE	1/	ADDRESS					•	
CITY-ST-ZIP				4.4 CITY-S	ST-	-ZIP						
TITLE			☐ DELETE	5.1 TITLE					☐ Cha	nge	Addition	
NAME				5.2 NAME								
STREET ADDRESS				5.3 STREE	T /	ADDRESS						
CITY-ST-ZIP				5.4 CITY-S	ST-	-ZIP						
TITLE			☐ DELETE	6.1 TITLE					Cha	nge	☐ Addition	
NAME				6.2 NAME							ļ	
CTOCCT ADODDECS	ĺ			6.3 STREE	T	ADDRESS						

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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MAYURE, REQUIRED