

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **739248** (3)

1. Corporation Name

BRITTANY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O PRIME MGMT GROUP
5180 W ATLANTIC AVE
DELRAY BEACH FL 33484
US

C/O PRIME MGMT GROUP
5180 W ATLANTIC AVE
DELRAY BEACH FL 33484
US

3. Date Incorporated or Qualified
06/10/1977

3a. Date of Last Report
08/18/1995

2. Principal Place of Business

2a. Mailing Address

21. []

26. []

4. FEI Number
59-1756742

Applied For
Not Applicable

Suite, Apt. #, etc.
22. **6300 Park of Commerce Blvd**

Suite, Apt. #, etc.
27. **6300 Park of Commerce Blvd**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State
23. **Boca Raton, FL**

City & State
28. **Boca Raton, FL**

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip
24. **33487**

Country
25. **FB**

Zip
29. **33487**

Country
30. **FB**

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

MADDEN, JOHN
BRITTANY I 388 KINGS POINT
DELRAY BCH FL 33446

81 Name
Gimpelson, Morris

82 Street Address (P.O. Box Number is Not Acceptable)
Brittany A 4

83
Kings Point

84 City
Delray Beach, FL

85 Zip Code
33446

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

Morris Gimpelson

Morris Gimpelson

4/25/96

Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** DELETE
NAME **GALEK, SEYMOUR**
STREET ADDRESS **BRITTANY K 502; KINGS POINT**
CITY - ST - ZIP **DELRAY BCH FL**

1.1 TITLE **PD** Change Addition
1.2 NAME **Gimpelson, Morris**
1.3 STREET ADDRESS **Brittany A 4 Kings Point**
1.4 CITY - ST - ZIP **Delray Beach, FL 33446**

TITLE **VD** DELETE
NAME **MADDEN, JOHN**
STREET ADDRESS **I-388 KINGS POINT**
CITY - ST - ZIP **DELRAY BCH FL**

2.1 TITLE **VD** Change Addition
2.2 NAME **Weinstein, A 1**
2.3 STREET ADDRESS **Brittany D 157**
2.4 CITY - ST - ZIP **Delray Beach, FL 33446**

TITLE **SD** DELETE
NAME **GIMPELSON, MORRIS**
STREET ADDRESS **BRITTANY A 4 KINGS POINT**
CITY - ST - ZIP **DELRAY BCH FL**

3.1 TITLE **SD** Change Addition
3.2 NAME **Haber, Charles**
3.3 STREET ADDRESS **Brittany F 252**
3.4 CITY - ST - ZIP **Delray Beach, FL 33446**

TITLE **TD** DELETE
NAME **LEVY, MELVILLE**
STREET ADDRESS **BRITTANY M 602; KINGS POINT**
CITY - ST - ZIP **DELRAY BCH FL**

4.1 TITLE **TD** Change Addition
4.2 NAME **Flanel, Samuel**
4.3 STREET ADDRESS **Brittany L 576**
4.4 CITY - ST - ZIP **Delray Beach, FL 33446**

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 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: *Morris Gimpelson*

Morris Gimpelson 4/25/96 407 995-4104

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)