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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 739248 (3)
1. Corporation Name
BRITTANY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US
6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487-8229 US

3. Date Incorporated or Qualified 06/10/1977
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number 59-1756742 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
GIMPelson, MORRIS
BRITTANY A4
KINGS POINT
DELRAY BEACH FL 33446

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GIMPelson, MORRIS BRITTANY A4 KINGS POINT DELRAY BEACH FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WEINSTEIN, AL BRITTANY D157 DELRAY BEACH FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD HABER, CHARLES BRITTANY F252 DELRAY BEACH FL	3.1 TITLE	SD
NAME		3.2 NAME	WOLFF, REBECCA
STREET ADDRESS		3.3 STREET ADDRESS	434 BRITTANY-J
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DELRAY BEACH FL 33446
TITLE	TD FLANEL, SAMUEL BRITTANY L576 DELRAY BEACH FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VD
NAME		5.2 NAME	HECHT, GEORGE
STREET ADDRESS		5.3 STREET ADDRESS	624 BRITTANY - M
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DELRAY BEACH FL 33446
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Morris Gimpelson* MORRIS GIMPelson 4/17/97 498-4502
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043123

CR2E037 (9/96)