


FILE NOW: FILING FEE IS \$61.25

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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90116 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 739248**

1. Corporation Name

**BRITTANY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487  
US

Mailing Address

6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	06/10/1977
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1756742
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	29	30

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMPELSON, MORRIS	1.2 NAME	
STREET ADDRESS	BRITTANY A4 KINGS POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINSTEIN, AL	2.2 NAME	
STREET ADDRESS	BRITTANY D157	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, REBECCA	3.2 NAME	
STREET ADDRESS	434 BRITTANY J	3.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANEL, SAMUEL	4.2 NAME	
STREET ADDRESS	BRITTANY L576	4.3 STREET ADDRESS	360 BRITTANY-H
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, GEORGE	5.2 NAME	
STREET ADDRESS	624 BRITTANY M	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Morris Gimpelson* **SIGNATURE REQUIRED** 1/8/99 561-498-4503  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)