

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90101 030 ****61.25

DOCUMENT # **NO2000006130**

1. Entity Name
**BRITTANY ESTATES NEIGHBORHOOD
ASSOC., INCORPORATED**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1720 DESAIX BLVD
Suite, Apt. #, etc.
TALLAHASSEE, FL
City & State

3. Mailing Address
1720 DESAIX BLVD
Suite, Apt. #, etc.
TALLAHASSEE, FL
City & State

DO NOT WRITE IN THIS SPACE

Zip
32303

Country

Zip
32303

Country

4. FEI Number
03-0476958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
MARY NAZARIAN
Street Address (P.O. Box Number is Not Acceptable)
1720 DESAIX BLVD
City
TALLAHASSEE FL Zip Code
32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
PAULA GRIFFIN
1516 NAVARRE BLVD
TALLAHASSEE, FL. 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE-PRESIDENT
GERALD SANDERS
1744 BERNAY BLVD
TALLAHASSEE, FL. 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
MARY ROSSONI
4717 FLANDERS BLVD
TALLAHASSEE, FL. 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
MARY NAZARIAN
1720 DESAIX BLVD
TALLAHASSEE, FL. 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
GREG SUNDERMAN
1744 BERNAY BLVD
TALLAHASSEE, FL. 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
ROBERT GRIFFIN
1516 NAVARRE
TALLAHASSEE, FL. 32303**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARY NAZARIAN**

1/28/04

576-9716

CR2E037B (12/02)