


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90291 038 \*\*\*\*61.25

**DOCUMENT # N05000010306**

1. Entity Name  
**THE TOWNHOMES AT BRITTANY PARK NORTH CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**55 DODECANESE BLVD  
 TARPON SPRINGS, FL 34689**

Mailing Address  
**55 DODECANESE BLVD  
 TARPON SPRINGS, FL 34689**

**60025812**



2. Principal Place of Business  
**819 S. Pinellas Ave**

3. Mailing Address  
**P.O. Box 1541**

Suite, Apt. #, etc.

01132006 Chg-NP CR2E037 (11/05)

City & State  
**Tarpon Springs, FL**

City & State  
**Tarpon Springs, FL**

Zip  
**34689**

Country

Zip  
**34688**

Country

4. FEI Number  
**74-3171782**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**NICHOLAS, ANTHONY**  
**55 DODECANESE BLVD**  
**TARPON SPRINGS, FL 34689**

**819 S. Pinellas Ave**

City  
**FL**

Zip Code

7. Name and Address of New Registered Agent

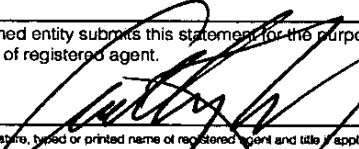
Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

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 

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

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>NICHOLAS, ANTHONY<br>55 DODECANESE BLVD<br>TARPON SPRINGS, FL 34689 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>NICHOLAS, JAMES<br>55 DODECANESE BLVD<br>TARPON SPRINGS, FL 34689   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>JENKINS, PAUL<br>55 DODECANESE BLVD<br>TARPON SPRINGS, FL 34689     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |                     |  |
|--|---------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | 819 S. Pinellas Ave |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | 819 S. Pinellas Ave |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | 819 S. Pinellas Ave |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  
  
**Anthony Nicholas, Jr**

Date: 4-7-06 Phone: 727-934-7478