

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N26470** (7)

1. Corporation Name

BRITTANY FORGE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.



Principal Place of Business

Mailing Address

3112 BRITTANY CT
PENSACOLA FL 32504
US

3112 BRITTANY CT
PENSACOLA FL 32504
US

3. Date Incorporated or Qualified
05/17/1988

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2889946

Applied For
Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

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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

JOHNSON, MICHAEL W
3112 BRITTANY CT
PENSACOLA FL 32504

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 renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	CAVALIER, JULIA	
STREET ADDRESS	3115 BRITTANY TERR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OWENBY, DOUG	
STREET ADDRESS	4303 BRITTANY CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SKIEVASKI, KIM	
STREET ADDRESS	3104 BRITTANY CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HOLLEY, JANET	
STREET ADDRESS	3108 BRITTANY CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BUSHONG, BRENT	
STREET ADDRESS	4107 BRITTANY CT	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	JOHNSON, MICHAEL	
STREET ADDRESS	3112 BRITTANY CT	
CITY-ST-ZIP	PENSACOLA FL	

11 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BILL DAVIS	
23 STREET ADDRESS	3102 BRITTANY TRACE	
24 CITY-ST-ZIP	PENSACOLA, FL 32504	
31 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	DON SMITH	
33 STREET ADDRESS	3112 BRITTANY TERRACE	
34 CITY-ST-ZIP	PENSACOLA, FL 32504	
41 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	BETH CUMBERLAND	
43 STREET ADDRESS	3100 BRITTANY TRACE	
44 CITY-ST-ZIP	PENSACOLA, FL 32504	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Michael W. Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (904) 435-7400
Date Daytime Phone #

CR2E037 (12/95)