


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26470 (7)
 1. Corporation Name
BRITTANY FORGE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Principal Place of Business 3112 BRITTANY CT PENSACOLA FL 32504 US	Mailing Address 3112 BRITTANY CT PENSACOLA FL 32504 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1988		3a. Date of Last Report 04/19/1996	
21		26		4. FEI Number 59-2889946		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
g. 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVALIER, JULIA	1.2 NAME	
STREET ADDRESS	3115 BRITTANY TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, BILL	2.2 NAME	JUDY GRAVENS
STREET ADDRESS	8102 BRITTANY TRACE	2.3 STREET ADDRESS	4111 BRITTANY PLACE
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	PENSACOLA, FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DON	3.2 NAME	SMITH, DON
STREET ADDRESS	3112 BRITTANY TERRACE	3.3 STREET ADDRESS	3112 BRITTANY TERRACE
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMBERLAND, BETH	4.2 NAME	MARGIE GARDIA
STREET ADDRESS	3100 BRITTANY TRACE	4.3 STREET ADDRESS	4103 BRITTANY PLACE
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	PENSACOLA, FL
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JOHNSON, MICHAEL	5.2 NAME	
STREET ADDRESS	3112 BRITTANY CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	GERALD ABOOX
STREET ADDRESS		6.3 STREET ADDRESS	5103 BRITTANY TRACE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PENSACOLA, FL

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 _____ DATE _____

CR2E037 (4/97)