


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 |
|---|---|---|

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 |
|---|---|



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 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 4. FEI Number 59-2889946 | | 5. Certificate of Status Desired <input type="checkbox"/> | | 8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent
JOHNSON, MICHAEL W
3112 BRITTANY CT
PENSACOLA FL 32504

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|--|
| TITLE | VP | <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 | DAVIS, BILL | |
| STREET ADDRESS | 8102 BRITTANY TRACE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SMITH, DON | |
| STREET ADDRESS | 3112 BRITTANY TERRACE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | CUMBERLAND, BETH | |
| STREET ADDRESS | 3100 BRITTANY TRACE | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | JOHNSON, MICHAEL | |
| STREET ADDRESS | 3112 BRITTANY CT | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | DIRECTOR JUDY GRAVENS |
| 2.3 STREET ADDRESS | 4111 BRITTANY PLACE |
| 2.4 CITY-ST-ZIP | PENSACOLA, FL |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | PRESIDENT SMITH, DON |
| 3.3 STREET ADDRESS | 3112 BRITTANY TERRACE |
| 3.4 CITY-ST-ZIP | PENSACOLA, FL |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | DIRECTOR MARGIE GARDIA |
| 4.3 STREET ADDRESS | 4103 BRITTANY PLACE |
| 4.4 CITY-ST-ZIP | PENSACOLA, FL |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | DIRECTOR GERALD ABOOX |
| 6.3 STREET ADDRESS | 5103 BRITTANY TRACE |
| 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)