

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Bandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N26470 (7)**

1. Corporation Name  
**BRITTANY FORGE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.**

Principal Place of Business <b>3112 BRITTANY CT PENSACOLA FL 32504 US</b>	Mailing Address <b>3112 BRITTANY CT PENSACOLA FL 32504 US</b>
--	--

3. Date Incorporated or Qualified  
**05/17/1988**

4. FEI Number  
**59-2889946**

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  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	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	1.1 TITLE
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	2.1 TITLE
NAME	CRAVENS, JUDY	2.2 NAME
STREET ADDRESS	4111 BRITTANY PL	2.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP
TITLE	P	3.1 TITLE
NAME	SMITH, DON	3.2 NAME
STREET ADDRESS	3112 BRITTANY TERRACE	3.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP
TITLE	D	4.1 TITLE
NAME	GARCIA, MARGIE	4.2 NAME
STREET ADDRESS	4100 BRITTANY PL	4.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP
TITLE	ST	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	D	6.1 TITLE
NAME	ADCOX, GERALD	6.2 NAME
STREET ADDRESS	3103 BRITTANY TRACE	6.3 STREET ADDRESS
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP

1.1 TITLE	<b>DIRECTOR VICE-PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MORRISON, GERALD</b>
1.3 STREET ADDRESS	<b>3115 BRITTANY COURT</b>
1.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
2.1 TITLE	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CRAVENS, JUDY</b>
2.3 STREET ADDRESS	<b>4111 BRITTANY PL</b>
2.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
3.1 TITLE	<b>SECRETARY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SARVANSKI, JANKIE</b>
3.3 STREET ADDRESS	<b>3104 BRITTANY TRACE</b>
3.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
4.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>EUSTEN, GARY</b>
4.3 STREET ADDRESS	<b>4102 BRITTANY TRACE</b>
4.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
5.1 TITLE	<b>TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>JOHNSON, MICHAEL</b>
5.3 STREET ADDRESS	<b>3112 BRITTANY COURT</b>
5.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>
6.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>MAGINNIS, ALAN</b>
6.3 STREET ADDRESS	<b>3117 BRITTANY TRACE</b>
6.4 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>

14. 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 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 **3/14/98** **850-485-9400**

CFR2037 (10/97)