

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90010 024 ****61.25

DOCUMENT # N26470

1. Entity Name

BRITTANY FORGE HOMEOWNERS ASSOCIATION OF PENSACO

Principal Place of Business

Mailing Address

4101 BRITTANY PLACE
 PENSACOLA FL 32504
 US

4101 BRITTANY PLACE
 PENSACOLA FL 32504-4948
 US

2. Principal Place of Business

3. Mailing Address

4300 BRITTANY COURT

4300 BRITTANY COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PENSACOLA, FL

City & State

PENSACOLA, FL

4. FEI Number

59-2889946

Applied For

Not Applicable

Zip

32504

Country

USA

Zip

32504

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENTER, WILLIAM A
 4101 BRITTANY PLACE
 PENSACOLA FL 32504

Name: **TERRY R. RICHMOND**
 Street Address (P.O. Box Number is Not Acceptable)
4300 BRITTANY COURT

City: **PENSACOLA** FL Zip Code: **32504**

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.

SIGNATURE **TERRY R. RICHMOND**

[Signature] 3-13-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, GERALD	
STREET ADDRESS	3115 BRITTANY COURT	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CRAVENS, JUDY	
STREET ADDRESS	4111 BRITTANY PL	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SKIEVANSKI, JANICE	
STREET ADDRESS	3104 BRITTANY TRACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELSTEN, GARY	
STREET ADDRESS	4102 BRITTANY PLACE	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL	
STREET ADDRESS	3112 BRITTANY CT	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAC INNIS, ALAN	
STREET ADDRESS	3117 BRITTANY PLACE	
CITY-ST-ZIP	PENSACOLA FL 32504	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK WILKES	
STREET ADDRESS	3113 BRITTANY PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	P/KENTER, WILLIAM A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4101 BRITTANY PLACE	
STREET ADDRESS	PENSACOLA, FL 32504	
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE GRACE	
STREET ADDRESS	3116 BRITTANY COURT	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE KILLAM	
STREET ADDRESS	3110 BRITTANY COURT	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BON GAIRING	
STREET ADDRESS	3111 BRITTANY PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS BOLTON	
STREET ADDRESS	3106 BRITTANY TRACE	
CITY-ST-ZIP	PENSACOLA, FL 32504	

12. 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 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: *[Signature]* 3-13-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)