

DOCUMENT # N34173

1. Entity Name
BRITTANY PARK/TARPON TRACE HOMEOWNERS ASSOCIATIO

Principal Place of Business
757 BRITTANY PK. BLVD.
TARPON FL 34689
US

Mailing Address
P.O. BOX 2313
TARPON SPRINGS FL 34688-2313

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
CIANFRONE, JOSEPH R PA
1968 BAYSHORE BLVD.
DUNEDIN FL 34698

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHANNON, BARBARA A		NAME		
STREET ADDRESS	1789 BIARRITZ CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAULOU, CHRIS		NAME	PAULOU, CHRIS	
STREET ADDRESS	757 BRITTANY PARK BLVD		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSON, ANNA		NAME		
STREET ADDRESS	923 BRITTANY PARK BLVD		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASAPIDIS, CHARLES		NAME	CONSTANTINE HASAPIDIS	
STREET ADDRESS	743 BRITTANY PARK BLVD		STREET ADDRESS	743 BRITTANY PARK BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL		CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAPER, WILLIAM		NAME	HERBERT SHAPIRO	
STREET ADDRESS	1704 HUNTER LANE		STREET ADDRESS	1704 HUNTER LANE	
CITY-ST-ZIP	TARPON SPRINGS FL		CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *CHRIS PAULOU* *CHRIS PAULOU* 1/3/01 727-943-7785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90015 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)