

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 743823 (7)
1. Corporation Name
3 BRITTONS OF BARDMOOR, INC., A CONDOMINIUM



Principal Place of Business
837 DEVILLE DR E
LARGO FL 34641-1120

Mailing Address
837 DEVILLE DR E
LARGO FL 34641-1120

3. Date Incorporated or Qualified
08/04/1978

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2491730

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 Suite Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

~~ALLOGGIO, IGNAZIO~~
~~9797 BARDMOOR BLVD. #A~~
~~LARGO FL 34647~~

10. Name and Address of New Registered Agent

81 Name
MCCREARY, JANE

82 Street Address (P.O. Box Number is Not Acceptable)
9797 BARDMOOR BLVD. # B

83

84 City
LARGO

85 Zip Code
FL 34647

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | ALLOGGIO, IGNAZIO | |
| STREET ADDRESS | 9797 BARDMOOR BLVD. #A | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | GF | <input type="checkbox"/> DELETE |
| NAME | BORGSTROM, GLADYS | |
| STREET ADDRESS | 9797-D BARDMOOR BLVD. | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | VB | <input type="checkbox"/> DELETE |
| NAME | BARTEL, JUNE | |
| STREET ADDRESS | 9797-C BARDMOOR BLVD | |
| CITY-ST-ZIP | LARGO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | DP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MCCREARY, JANE | |
| 1.3 STREET ADDRESS | 9797 BARDMOOR BLVD. # B | |
| 1.4 CITY-ST-ZIP | LARGO, FL. 34647 | |
| 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | BORGSTROM, GLADYS | |
| 2.3 STREET ADDRESS | 9797-D BARDMOOR BLVD. | |
| 2.4 CITY-ST-ZIP | LARGO, FL. | |
| 3.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | BARTEL, JUNE | |
| 3.3 STREET ADDRESS | 9797-C BARDMOOR BLVD. | |
| 3.4 CITY-ST-ZIP | LARGO, FL. | |
| 4.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | ALLOGGIO, IGNAZIO | |
| 4.3 STREET ADDRESS | 9797-A BARDMOOR BLVD. | |
| 4.4 CITY-ST-ZIP | LARGO, 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 type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jane McCreary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)