

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750018** (4)  
1. Corporation Name  
**THE BRIG O'DOON CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>P.O. BOX 39641 FT. LAUDERDALE FL 33339</b>	Mailing Address <b>P.O. BOX 39641 FT. LAUDERDALE FL 33339-9641</b>
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3. Date Incorporated or Qualified <b>11/20/1979</b>	3a. Date of Last Report <b>02/27/1996</b>
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2. Principal Place of Business <b>21 Charles Tackos</b> Suite, Apt. #, etc. <b>22 911 N.W. 109<sup>th</sup> Terr.</b> City & State <b>23 Coral Springs, FL</b> Zip <b>24 33071</b> Country <b>25 U.S.A.</b>	2a. Mailing Address <b>26 Same</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>	4. FEI Number <b>59-2137149</b> Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, DOUG**  
**4200 BAYVIEW DR.**  
**FT. LAUDERDALE FL 33308**

81 Name <b>Charles Tackos</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>911 N.W. 109<sup>th</sup> Terr.</b>	83	84 City <b>Coral Springs</b>	85 Zip Code <b>FL 33071</b>
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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 **Charles Tackos**  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4-8-97**  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P.D. Janice M. Hoefler</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GOGAIN, SANDY</b>		1.2 NAME <b>604 N. Ocean Blvd #B-2</b>	
STREET ADDRESS <b>600 N OCEAN BLVD #2A</b>		1.3 STREET ADDRESS <b>Pompano Beach, FL</b>	
CITY-ST-ZIP <b>POMPANO BEACH FL</b>		1.4 CITY-ST-ZIP <b>33062</b>	
TITLE <b>DS</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>P.D. Noreen Turkowski</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TACKOS, CHARLES</b>		2.2 NAME <b>16 Arbor Court</b>	
STREET ADDRESS <b>600 N OCEAN BLVD #4A</b>		2.3 STREET ADDRESS <b>Irwin, Pa. 15642</b>	
CITY-ST-ZIP <b>POMPANO BCH FL</b>		2.4 CITY-ST-ZIP <b>1174</b>	
TITLE <b>DV</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>P.D. Charles Tackos</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMITH, DOUG</b>		3.2 NAME <b>911 N.W. 109<sup>th</sup> Terr.</b>	
STREET ADDRESS <b>4200 BAYVIEW DR.</b>		3.3 STREET ADDRESS <b>Coral Springs, FL</b>	
CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		3.4 CITY-ST-ZIP <b>33071</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 **Charles Tackos** (President) **3/21/97** (not) 9/22/97

CR2E037 (9/96)