

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006748

1. Entity Name

BRITTANY PLACE HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90078 036 \*\*\*\*61.25

Principal Place of Business

1403 GLEN EAGLE BOULEVARD  
NAPLES FL 34104

Mailing Address

1044 CASTELLO DRIVE  
STE 206  
NAPLES FL 34103-1900

2. Principal Place of Business

Southwest Property Management Corp.  
1044 Castello Drive  
Suite 206  
Naples, FL 34103

3. Mailing Address

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3546881

Applied For

Not Applicable

Zip

Country

US

Zip

Country

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

SOUTHWEST PROPERTY MGMT. CORP.  
1044 CASTELLO DRIVE  
#206  
NAPLES FL 34103

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	YUTER, RONALD	
STREET ADDRESS	1403 GLEN EAGLE BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COON, MARK	
STREET ADDRESS	1403 GLEN EAGLE BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIFIORE, CORA	
STREET ADDRESS	1403 GLEN EAGLE BOULEVARD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/O CLARK, SCOTT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1514 GLEN EAGLE BLVD	
STREET ADDRESS	NAPLES, FL 34104	
CITY-ST-ZIP		
TITLE	V/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, STEVEN S.	
STREET ADDRESS	1514 GLEN EAGLE BLVD	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 an officer like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 941-348-9820

Date

Daytime Phone #

CR2E037 (9/99)