


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90261 005 ****61.25

DOCUMENT # N98000006748		
1. Entity Name BRITTANY PLACE HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business 1403 GLEN EAGLE BOULEVARD NAPLES, FL 34104	Mailing Address 1044 CASTELLO DRIVE STE 206 NAPLES, FL 34103
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94073197



2. Principal Place of Business c/o Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215	3. Mailing Address c/o Resort Management Suite, Apt. #, etc. 2685 Horseshoe Dr. S. #215
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04152004 Chg-NP CR2E037 (10/03)

City & State Naples, FL	City & State Naples, FL	4. FEI Number 59-3546881	Applied For Not Applicable
Zip 34104	Country Collier	Zip 34104	Country Collier

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

6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MGMT. CORP. 1044 CASTELLO DRIVE #206 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name <u>Mary Balcom</u> Street Address (P.O. Box Number is Not Acceptable) <u>1307 Barnstable Ct.</u> City <u>Naples</u> <u>FL</u> Zip Code <u>34104</u>	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary Balcom DATE 4/26/04

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALCOM, MARY 1307 BARNSTABLE CT NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS Terry Perriello 1020 Eastham Court Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHULER, RUTH 922 FAIRHAVE CT NAPLES, FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHAPMAN, CLAIR 1009 EASTHAM CT NAPLES, FL 34104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the empowered.

SIGNATURE: Mary Balcom DATE 4/26/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR