2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State
04-28-2004 90249 028 ****61.25

DOCUMENT # 726417

1. Entity Name
4 BRITTONS OF BARDMOOR, INC.

D04421741

Principal Place of Business	Mailing Address
FIRST CHOICE ASSOC. MGMT. 3440 E. LAKE RD SUITE #106 PALM HARBOR, FL 34685 US	FIRST CHOICE ASSOC. MGMT. 3440 E. LAKE RD SUITE #106 PALM HARBOR, FL 34685 US

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND STREET SUITE 225
CLEARWATER FL 33765 US

Mailing Address
SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND STREET SUITE 225
CLEARWATER FL 33765 US

062004 Chg-NP CR2E037 (10/03)

Zip | Country

FEI Number
59-2871213

☐ Applied For
☐ Not Applicable

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
NOLAN, JAMES M SR 3440 EAST LAKE RD SUITE #108 PALM HARBOR, FL 34685	LENNARD A. LEIGHTON SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Lennard A Leighton 5/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SARKIS DERDERIAN, D.O. 8316-A BARDMOOR BLVD LARGO, FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WHITE MARGARET 8316B BARDMOOR BLVD LARGO, FL 33777	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOPMAN LUCY 8316C BARDMOOR BLVD LARGO, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: X Sarkis Derderian PD 4/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #