2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2004 8:00 am Secretary of State

05-19-2004 90010 020 ****61 25

DOCUMENT # 750018 1. Entity Name THE BRIG O'DOON CONDOMINIUM ASSOCIATION, INC.)	03-19-200			
Principal Plac 604 N. OCEA #B-2 POMPANO B		#B-2	Idress CEAN BLVD O BEACH, FL	33062	US			5405	i4731	
2. Principal P	lace of Business	3. Mailing	Address					18 112 11 1 1011 11111		IIBI II IIII
Suite, Apt.	#, etc.	Suite, A	Apt_#, etc.			02032004	Chg-NP	CR2E037	7 (10/03)	
· City & Stat	е	City & S	State .			4. FEI Numbe 59-2137			<u> </u>	plied For t Applicable
Zip	Country	Zip		Cou	nlry	5. Certificate	of Status Desired		8.75 Add	
	6. Name and Address of Current	Recistered A	ent			7. Name and	Address of New		<u> </u>	
HOEFER,					Name			<u> </u>		
604 N. OC #B-2	EAN BLVD D BEACH, FL 33062				Street Address	(P.O. 8ox Numbe	er is Not Acceptab	le)		
FOINEAIN	5 BEAGN, 1 E 33002				City			FL	Zip Code	•
	named entity submits this statement for	r the purpose	of changing its	registere	ed office or registi	ered agent, or both	h, in the State of F		amiliar with,	and accept
	ions of registered agent.									
	ions of registered agent.	·,,t .	e gwlai							,
SIGNATURE	ions of registered agent.		e. (NOTE	: Registered	d Agent signature require	ed when reinstating)	<u>;</u>	DATE		<u>, </u>
SIGNATURE	ions of registered agent. Signature, typed or printed name of registered agent a Filling Fee is \$61.25	and title if applicable	e. (NOTE	npaign F	inancing i_		e	DATE Make check rida Departr		
SIGNATURE	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2004	and title if applicable	3. Election Cam Trust Fund C	npaign F	inancing i_	\$5.00 May Be Added to Fees		Make check rida Departr	ment of St	ate
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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;

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/09/ 95Y-912-5Y28