

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90125 038 ****61.25

DOCUMENT # 750018 1. Entity Name THE BRIG O'DOON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 604 N. OCEAN BLVD #B-2 POMPANO BEACH, FL 33062 US			Mailing Address 604 N. OCEAN BLVD #B-2 POMPANO BEACH, FL 33062 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address 1280 SW 36 AVE Suite, Apt. #, etc. #301 City & State POMPANO BEACH, FL Zip Country 33069		
4. FEI Number 59-2137149			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOEFER, JAMEE 604 N. OCEAN BLVD #B-2 POMPANO BEACH, FL 33062			7. Name and Address of New Registered Agent Name JANICE M. HOEFER Street Address (P.O. Box Number is Not Acceptable) 604 N OCEAN BLVD #B-2 City POMPANO BEACH FL Zip Code 33062		
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOEFER, JANICE M. 604 N OCEAN BLVD # B-2 POMPANO BEACH, FL 83062	<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	VPD WOLFE, RICHARD 65 ANSON ST STAUNTON, VA 24401	<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	TD TANCOMA, JOSEPH 101 LINDENWOOD RD STATEN ISLAND, NY 10308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TANCO A, JOSEPH 191 LINDENWOOD RD STATEN ISLAND, NY 10308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIGRO, VIRGINIA 600 WASHINGTON RD NORTH VERSAILLES, PA 15137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURKOWSKI, HAL 16 ARBOR COURT IRWIN, PA 15642 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURKOWSKI, HAL 16 ARBOR COURT IRWIN, PA 15642	<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)(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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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