2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 08, 2006 8:00 am Secretary of State **DOCUMENT # 726417** 1. Entity Name 05-08-2006 90309 011 ****61.25 4 BRITTONS OF BARDMOOR, INC. Principal Place of Business Mailing Address SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 US SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 59-2871213 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEIGHTON, LENNARD A Street Address (P.O. Box Number is Not Acceptable) SEABOARD ARBORS MANAGEMENT 2189 CLEVELAND STREET SUITE 225 CLEARWATER FL 33765 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to \Box Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SARKIS DERDERIAN, D.O. NAME NAME 8316-A BARDMOOR BLVD STREET ADDRESS STREET ADDRESS LARGO FL 33777 CITY-ST-ZIP CITY-ST-ZIP VD □ Delete TITLE THILE Martha A. White Addition Change WHITE MARGARET 8316 B Bourd moor Blvd NAME NAME 8316-B BARDMOOR BLVD STREET ADDRESS STREET ADDRESS Largu, F1 33777 LARGO FL 33777 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition HOPMAN LUCY NAME NAME STREET ADDRESS 8316C BARDMOOR BLVD STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: Xmartha a. White

NAME

STREET ADORESS

CITY-ST-7IP

Martha A. White 4-26-06 3

FILED