


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 08:00 A
Secretary of State

DOCUMENT # 750018		
1. Entity Name THE BRIG O'DOON CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 604 N. OCEAN BLVD #B-2 POMPAÑO BEACH, FL 33062 US	Mailing Address 1280 SW 36 AVE #301 POMPAÑO BEACH, FL 33062 US	



04132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, JANICE M 604 N. OCEAN BLVD #B-2 POMPAÑO BEACH, FL 33062	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOEFER, JANICE M. 604 N OCEAN BLVD # B-2 POMPAÑO BEACH, FL 83062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOLFE, RICHARD 65 ANSON ST STAUNTON, VA 24401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TANCO, JOSEPH A 191 LINDENWOOD RD STATEN ISLAND, NY 10308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIGRO, VIRGINIA 600 WASHINGTON RD NORTH VERSAILLES, PA 15137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURKOWSKI, HAL 16 ARBOR CT IRWIN, PA 15642
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80106-007 61.25

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janice M. Hoef - president 4/16/07 934-942-5428