2008 NOT-FOR-PROFIT CORPORATION

Mar 17, 2008 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT #750018** THE BRIG O'DOON CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 604 N. OCEAN BLVD 1280 SW 36 AVE #B-2 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 03122008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2137149 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE HOEFER, JANICE M 604 N. OCEAN BLVD #B-2 POMPANO BEACH, FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2008 1000000861252 1004/03/08_80001-021 61.25 10, OFFICERS AND DIRECTORS TITLE PD NAME HOEFER, JANICE M. STREET ADDRESS 604 N OCEAN BLVD # B-2 CITY+ST-7IP POMPANO BEACH, FL 83062 TITLE VPD NAME WOLFE, RICHARD STREET ADDRESS 65 ANSON ST CITY-ST-7/P The first of Capture and Capture of the Capture of STAUNTON, VA 24401 TITLE STD The first that the first NAME TANCO JOSEPH A STREET ADDRESS 191 LINDENWOOD RD DO NOT WRITE CITY-ST-ZIP STATEN ISLAND, NY 10308 IN THIS SPACE TITLE NAME NIGRO, VIRGINIA STREET ADDRESS 600 WASHINGTON RD CITY-ST-ZIP NORTH VERSAILLES, PA 15137

FILED

12. Thereby certify that the information supplied with this filling 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:

TURKOWSKI, HAL

IRWIN, PA 15642

16 ARBOR CT

NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-71P

anice M. Hoefer