

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 747041

**Entity Name:** BRIAN COURT CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 04, 2013**  
**Secretary of State**  
**CC7114400762**

**Current Principal Place of Business:**

C/O GPM, INC  
1319 MIRAMAR STREET #1  
CAPE CORAL, FL 33904

**Current Mailing Address:**

C/O GPM, INC  
1319 MIRAMAR STREET #1  
CAPE CORAL, FL 33904 US

**FEI Number: 59-2097489**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ZUNINO, PAOLA  
C/O GPM, INC  
1319 MIRAMAR STREET #1  
CAPE CORAL, FL 33904 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CROMPTON, JOSEPH  
Address 4628 SE 6TH AVE  
City-State-Zip: CAPE CORAL FL 33904

Title D  
Name ROGERS, RICHARD  
Address 4628 SE 6TH AVE, #F  
City-State-Zip: CAPE CORAL FL 33904

Title VPD  
Name CAMPBELL, SUSAN  
Address 4629 SE 5TH PLACE #15  
City-State-Zip: CAPE CORAL FL 33904

Title D  
Name GUTHRIE, CHARLES  
Address 2710 S. TOWER DR.  
City-State-Zip: MCHENRY IL 60051

Title STD  
Name JOE, REGO  
Address 4629 SE 5TH PLACE, #12  
City-State-Zip: CAPE CORAL FL 33904

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSEPH CROMPTON**

**PRES**

**04/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date