

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-28-2004 90249 028 ****61.25

DOCUMENT # 726417

1. Entity Name
4 BRITTONS OF BARDMOOR, INC.



Principal Place of Business
**FIRST CHOICE ASSOC. MGMT.
3440 E. LAKE RD SUITE #106
PALM HARBOR, FL 34685 US**

Mailing Address
**FIRST CHOICE ASSOC. MGMT.
3440 E. LAKE RD SUITE #106
PALM HARBOR, FL 34685 US**

00421741



SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND STREET SUITE 225
CLEARWATER FL 33765 US

Mailing Address

SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND STREET SUITE 225
CLEARWATER FL 33765 US

062004 Chg-NP CR2E037 (10/03)

REI Number
59-2871213

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLAN, JAMES M SR
3440 EAST LAKE RD
SUITE #106
PALM HARBOR, FL 34685

LENNARD A. LEIGHTON
SEABOARD ARBORS MANAGEMENT
2189 CLEVELAND STREET SUITE 225
CLEARWATER FL 33765

Zip Code

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 the incorporator.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is **\$81.25**
Due by **May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	VD SARKIS DERDERIAN, D.O. 8316-A BARDMOOR BLVD LARGO, FL 33777	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE MARGARET 8316B BARDMOOR BLVD LARGO, FL 33777	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOPMAN LUCY 8316C BARDMOOR BLVD LARGO, FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X

Sarkis Derderian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/04
Date

Daytime Phone #