2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

May 08, 2006 8:00 am Secretary of State **DOCUMENT #734414** 05-08-2006 90282 049 ****61.25 THE-BRITANNIA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address **524 ORTON AVE** I.I.P., INC. 1220 MIAMI ROAD SUITE #6 FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33316 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 59-1660397 City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORDERMEJEN SHOOP, THOMAS V 1220 MIAMI ROAD - SUITE #6 FORT LAUDERDALE, FL 33316 Blud 8. The above named only y 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 SIGNATUR (NOTE: Registered Agent signature required when reinstating) gnature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE A Delete TITLE ☐ Change Addition Long. Cindy 524 DRHON AVE CARRIGAN, CHRIS NAME NAME 524 ORTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL CITY-ST-ZIP FT Laud FL 33304 DS TITLE ☐ Delete TITLE Change ☐ Addition Kane, Bue KANE, BILL NAME NAME 524 OLTON AVE STREET ADDRESS **524 ORTON AVENUE** STREET ADDRESS CITY-ST-7/P FT LOUD FL 33304 CITY-ST-ZIP FORT LAUDERDALE, FL ☐ Change Addition TITLE Delete TITLE Schobul John NAME COLLINS, PATRICIA NAME 524 ORTON AVE. #204 STREET ADDRESS 524 Octon AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33304 FT Laud FL 33304 ☐ Delete Change ☐ Addition TITLE NAME VACIC, VESTNA NAME STREET ADDRESS STREET ADDRESS **524 ORTON AVE** CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE, FL 33304 ☐ Delete TITL F (A) Change ☐ Addition DT TITLE Glass, Richard GLASS, RICHARD NAME 524 OFFOR AVE STREET ADDRESS 524 ORTON AVE. #403 STREET ADDRESS FT Laup FL 33304 FT. LAUDERDALE, FL 33304 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE VACIC, MIRKO NAME NAME 524 ORTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP FT. LAUDERDALE, FL 33304

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

nent with an address, with all other like empowered.

SIGNATURE?

FILED