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	ANNUAL		Apr 23, 2008 8:00 am Secretary of State						
DOCUMENT #734414 1. Entity Name THE BRITANNIA CONDOMINIUM ASSOCIATION, INC.					. 04	-23-2008 9	90015 048 ***		
Principal Place 524 ORTON / FORT LAUDE		Mailing Address C/b 1.1.P., INC. 1220 MIAMI ROAD SUIT FORT LAUDERDALE, FL	CUなア1S そとらら W FE#6	430 202 203 203	RILE RU TATION,		108 1332 2		
, 	lace of Business - No P.O. Box #	3. Mailing Address	1						
Suite, Apt,		_Suite, Apt. #, etc	-/c			ng-NP	CR2E037 (12		
City & State	e	City & State			4. FEI Number 59-166039	7			plied For t Applicable
Zîp	Country	Zip /	Country		5. Certificate of St	atus Desired	□ \$8.7 Fee R		
.,	6. Name and Address of Current F	Registered Agent			7. Name and Add				
VORVERN	MERER, ALAN E		Name	c/0	CURTI	> DEN	ELOPMON	1	INC
70 V MC R	EALTY-INC		Street Ac	ddress (F	P.O. Box Number is I	Not Acceptab	ie)	,	
2 132 E OAKLAND PRK BLVD P ORT LAUDERDALE, FL-333 06				ςι	J, SUNR	LE RV	D サノ	28	
			City F	>LA	UTATION				\$2 2
	named entity submits this statement for	the purpose of changing its						$\overline{}$	
the obligati	ions of registered agent.	_							
SIGNATURE .	Signature, typod or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signatu	re required	when reinstating)		4-15	- 0 8	<u></u>
SIGNATURE .	Signature, typod or printed name of registered agent a	9. Election Cam	paign Financing		when reinstating)	<u> </u>			
SIGNATURE.			paign Financing	··········			DATE	ible to	<u> </u>
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Cam Trust Fund C	paign Financing ontribution.		\$5.00 May Be	Fio	Make check pays rida Department ERS AND DIRECTO	ible to of St	Distante
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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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: ___

STREET ADDRESS 524 ORTON AVE 403

FORT LAUDERDALE, FL. 33306

CITY-ST-ZIP

3925	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC	TOR

4-15-08

4-15-08

Daytime Phone #