

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743823 (7)

1. Corporation Name
3 BRITTONS OF BARDMOOR, INC., A CONDOMINIUM

Principal Place of Business Mailing Address
837 DEVILLE DR E LARGO FL 34641-1120

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/04/1978** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-2491730** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under §, 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCREARY, JANE
9707-C BARDMOOR-BLVD
LARGO-FL-34647**

81 Name **ALLOGGIO, IGNAZIO**
82 Street Address (P.O. Box Number is Not Acceptable) **9797 BARDMOOR BLVD. #A**
83
84 City **LARGO** FL 85 Zip Code **34647**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ignazio Alleggio*

NOTE: Registered Agent signature required when registering. DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	MCCREARY, JANE
STREET ADDRESS	9707-B BARDMOOR-BLVD.
CITY - ST - ZIP	LARGO FL
TITLE	ST
NAME	BORGSTROM, GLADYS
STREET ADDRESS	9797-D BARDMOOR BLVD.
CITY - ST - ZIP	LARGO FL
TITLE	VD
NAME	BARTEL, JUNE
STREET ADDRESS	9797-C BARDMOOR BLVD
CITY - ST - ZIP	LARGO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1 1 TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	ALLOGGIO, IGNAZIO	
1 3 STREET ADDRESS	9797 BARDMOOR BLVD. #A	
1 4 CITY - ST - ZIP	LARGO, FL. 34647	
2 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ignazio Alleggio* **IGNAZIO ALLOGGIO 4/27/95**