

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **08/04/1978** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2491730	Applied For
22	Suite Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
~~ALLOGGIO, IGNAZIO
9797 BARDMOOR BLVD. #A
LARGO FL 34647~~

10. Name and Address of New Registered Agent
81 Name **MCCREARY, JANE**
82 Street Address (P.O. Box Number is Not Acceptable)
9797 BARDMOOR BLVD. # B
83
84 City **LARGO** FL 85 Zip Code **34647**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jane McCreary* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DP	<input checked="" type="checkbox"/>
NAME	ALLOGGIO, IGNAZIO	
STREET ADDRESS	9797 BARDMOOR BLVD. #A	
CITY-ST-ZIP	LARGO FL	
TITLE	DF	<input type="checkbox"/>
NAME	BORGSTROM, GLADYS	
STREET ADDRESS	9797-D BARDMOOR BLVD.	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input type="checkbox"/>
NAME	BARTEL, JUNE	
STREET ADDRESS	9797-C BARDMOOR BLVD	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DP	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	MCCREARY, JANE		
1.3 STREET ADDRESS	9797 BARDMOOR BLVD. # B		
1.4 CITY-ST-ZIP	LARGO, FL. 34647		
2.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	BORGSTROM, GLADYS		
2.3 STREET ADDRESS	9797-D BARDMOOR BLVD.		
2.4 CITY-ST-ZIP	LARGO, FL.		
3.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	BARTEL, JUNE		
3.3 STREET ADDRESS	9797-C BARDMOOR BLVD.		
3.4 CITY-ST-ZIP	LARGO, FL.		
4.1 TITLE	VPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	ALLOGGIO, IGNAZIO		
4.3 STREET ADDRESS	9797-A BARDMOOR BLVD.		
4.4 CITY-ST-ZIP	LARGO, FL.		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jane McCreary* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)