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FILED

Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
837 DEVILLE DR E LARGO FL 33771-1120

3. Date Incorporated or Qualified 08/04/1978
3a. Date of Last Report 04/22/1996
4. FEI Number 59-2491730
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
MCCREARY, JANE
9797 BARDMOOR BLVD #B
LARGO FL 34647

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 B. McCreary* (NOTE: Registered Agent signature required when reinstating) DATE March 21, 1997

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------------|--|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | MCCREARY, JANE | |
| STREET ADDRESS | 9797 BARDMOOR BLVD #B | |
| CITY - ST - ZIP | LARGO FL 34647 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | BORGSTROM, GLADYS | |
| STREET ADDRESS | 9797-D BARDMOOR BLVD. | |
| CITY - ST - ZIP | LARGO FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | BARTEL, JUNE | |
| STREET ADDRESS | 9797-C BARDMOOR BLVD | |
| CITY - ST - ZIP | LARGO FL | |
| TITLE | VPB | <input checked="" type="checkbox"/> DELETE |
| NAME | ALLOGGIO, IGNAZIO | |
| STREET ADDRESS | 9797-A BARDMOOR BLVD | |
| CITY - ST - ZIP | LARGO FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 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 checked="" type="checkbox"/> Addition |
| 4.2 NAME | VP, D KHAJA, FAREES |
| 4.3 STREET ADDRESS | 9797 BARDMOOR BLVD #A |
| 4.4 CITY - ST - ZIP | LARGO, FL. 33771 |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 B. McCreary* DATE: March 21, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)