

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90029 047 ****61.25

DOCUMENT # 743823

1. Entity Name

3 BRITTONS OF BARDMOOR, INC., A CONDOMINIUM



Principal Place of Business

2189 CLEVELAND ST
 STE 225
 CLEARWATER FL 33765

Mailing Address

2189 CLEVELAND ST
 STE 225
 CLEARWATER FL 33765

04060404



MOORE CR2E037 (11/03)

2. Principal Place of Business

9797 BARDMOOR BLVD
 Suite, Apt. #, etc.
 APT D

3. Mailing Address

P.O. BOX 8620
 Suite, Apt. #, etc.

City & State

LARGO, FL

City & State

SEMINOLE, FL

4. FEI Number

59-2491730

Applied For

Not Applicable

Zip

33777

Country

Zip

33775-8620

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEIGHTON, LENNARD A
 2189 CLEVELAND ST STE 225
 CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name: JOSEPH A. FREGAPANE
 Street Address (P.O. Box Number is Not Acceptable): 9797 BARDMOOR BLVD, APT D
 City: LARGO FL Zip Code: 33777

8. The above named entity 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.

SIGNATURE

Joseph A. Fregapane JOSEPH A. FREGAPANE

3/17/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCREARY, JANE B	
STREET ADDRESS	9797 BARDMOOR BLVD #B	
CITY-ST-ZIP	LARGO FL 34047	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BARTEL, JUNE	
STREET ADDRESS	9797 6 BARDMOOR BLVD	
CITY-ST-ZIP	LARGO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREGAPANE, JOSEPH A	
STREET ADDRESS	9797 BARDMOOR BLVD. APT D	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COYLE, ANN K	
STREET ADDRESS	9797 BARDMOOR BLVD #A	
CITY-ST-ZIP	LARGO FL 33777-2014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	LARGO, FL 33777-2014	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9797 BARDMOOR BLVD #C	
CITY-ST-ZIP	LARGO, FL 33777-2014	
TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9797 BARDMOOR BLVD #A	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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.

SIGNATURE: *Ann K. Coyle* ANN K. COYLE 3/17/04 (727)397-7627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #