

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90148 046 ****61.25



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

Principal Place of Business
**9797 BARDMOOR BLVD
 APT D
 LARGO, FL 33777 US**

Mailing Address
**PO BOX 8620
 SEMINOLE, FL 33775**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2491730

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FREGAPANE, JOSEPH A
 9797 BARDMOOR BLVD, APT D
 LARGO, FL 33777**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** Delete
 NAME **MCCREARY, JANE B**
 STREET ADDRESS **9797 BARDMOOR BLVD #B**
 CITY-ST-ZIP **LARGO, FL 33777**

TITLE **SD** Change Addition
 NAME **WOODBURN, PAUL C**
 STREET ADDRESS **9797 BARDMOOR BLVD #B**
 CITY-ST-ZIP **LARGO, FL 33777**

TITLE **TD** Delete
 NAME **BARTEL, JUNE**
 STREET ADDRESS **9797 BARDMOOR BLVD #C**
 CITY-ST-ZIP **LARGO, FL 33777**

TITLE **TD** Change Addition
 NAME **BARTEL, JUNE A.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **FREGAPANE, JOSEPH A**
 STREET ADDRESS **9797 BARDMOOR BLVD. APT D**
 CITY-ST-ZIP **LARGO, FL 33777**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** Delete
 NAME **COYLE, ANN K**
 STREET ADDRESS **9797 BARDMOOR BLVD #A**
 CITY-ST-ZIP **LARGO, FL 337772014**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: Joseph A. Fregapane **JOSEPH A. FREGAPANE** 4/7/05 (727)319-2488
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #