

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90077 047 ****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**

DO NOT WRITE IN THIS SPACE



03082007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2491730

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WOODBURN, PAUL C
STREET ADDRESS	9797 BARDMOOR BLVD #B
CITY-ST-ZIP	LARGO, FL 33777
TITLE	TD
NAME	BARTEL, JUNE A
STREET ADDRESS	9797 BARDMOOR BLVD #C
CITY-ST-ZIP	LARGO, FL 33777
TITLE	SD
NAME	FREGAPANE, JOSEPH A
STREET ADDRESS	9797 BARDMOOR BLVD. APT D
CITY-ST-ZIP	LARGO, FL 33777
TITLE	VP
NAME	COYLE, ANN K
STREET ADDRESS	9797 BARDMOOR BLVD #A
CITY-ST-ZIP	LARGO, FL 337772014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/07
Date

727-319-2498
Daytime Phone #