## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Mar 21, 2003 8:00 am Secretary of State **DOCUMENT # 743823** 1. Entity Name 03-21-2003 90125 018 \*\*\*\*61.25 3 BRITTONS OF BARDMOOR, INC., A CONDOMINIUM Principal Place of Business Mailing Address 10575 68TH AVE. N. STE 8-3 10575 68TH AVE. N. STE 8-3 LANDMARK CENTER LANDMARK CENTER SEMINOLE FL 33772 SEMINOLE FL 33772 2189 CLEVELAND STREET, 2189 CLEVELAND STREET: ☐ CHECK HERE IF MAKING CHANGES SUITE 225 **SUITE 225** CLEARWATER FL 33765 CLEARWATER FL 33765 4. FEI Number 59-2491730 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COMREHENSIVE MANAGEMENT CO. LENNARD A. LEIGHTON 10575 68TH AVE. N. STE 8-3 C/O SEABOARD ARBORS MANAGEMENT SERIVCES LANDE MARK CENTER 2189 CLEVELAND STREET, SUITE 225 SEMINOLE FL 33772 CLEARWATER FL 33765 ode 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 8. The above named entity the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE ☐ Delete TITLÉ ☐ Addition MCCREARY, JANE B NAME NAME SD 9797 BARDMOOR BLVD #B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LARGO FL 34647 CITY-ST-ZIP TD TITLE ☐ Delete TITLE Change ☐ Addition BARTEL, JUNE NAME NAME TD STREET ADDRESS 9797-C BARDMOOR BLVD STREET ADDRESS LARGO FL CITY-ST-ZIP CITY-ST-ZIP. TITLE Change ☐ Addition FREGAPANE, MARY F NAME NAME STREET ADDRESS 9797 BARDMOOR BLVD, APT D STREET ADDRESS CITY-ST-7IP LARGO FL 33777 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FREGAPANE, JOSEPH A NAME PD STREET ADDRESS 9797 BARDMOOR BLVD. APT D STREET ADDRESS CITY-ST-ZIP **LARGO FL 33777** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition COYLE, ANN K NAME VD STREET ADDRESS 9707 BARMOOR BLVD #A STREET ADDRESS CITY-ST-ZIP LARGO FL 33777-2014 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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:

3/12/03

**FILED**