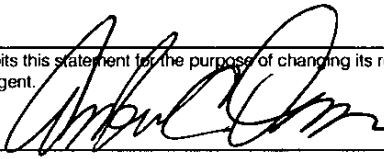


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90044 012 \*\*\*\*61.25

<b>DOCUMENT # 752292</b>					
1. Entity Name BRITTANY HOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9370 SW 87TH AVENUE S-15 MIAMI, FL 33176 US			Mailing Address 175 FONTAINEBLEAU BLVD SUITE 2-E MIAMI, FL 33172 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2360698	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GLAZER AND ASSOCIATES, P.A. 1920 EAST HALLANDALE BEACH BLVD. SUITE # 806 HALLANDALE, FL 33009			Name ANDREW C. DEMOS P.A. Street Address (P.O. Box Number is Not Acceptable) 3350 SW 148 AVE (SUITE # 110) HUNTINGTON III PLAZA City MIRAMAR FL Zip Code 33027		
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 				DATE 4/15/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTRERAS, RONALD		NAME		
STREET ADDRESS	9370 SW 87 AVE # S9		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASADA, ADUA		NAME	CASADO ADUA	
STREET ADDRESS	9370 SW 87 AVE #S15		STREET ADDRESS	9370 SW 87 AVE # S-15	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI FL.33176	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, PATRICIA		NAME	LEAL PATRICIA	
STREET ADDRESS	9360 SW 87 AVE N-18		STREET ADDRESS	9360 SW 87 AVE # N-18	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALAZAR, PEDRO		NAME	LOPEZ Jr. PETRONIO	
STREET ADDRESS	9370 SW 87TH AVENUE N-4		STREET ADDRESS	9360 SW 87 AVE # N-17	
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE 4/10/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	