

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756349 (7)
1. Corporation Name
BRITTANY TERRACE OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
170 LAKE STELLA DRIVE #14 AUBURNDAL FL 33823
170 LAKE STELLA DRIVE #14 AUBURNDAL FL 33823

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified
02/12/1981
4. FEI Number 59-6807264
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WORINGTON, MIKE
170 LAKE STELLA DRIVE #14
AUBURNDAL FL 33823

81 Name CHRISTOPHER AMMANN
82 Street Address (P.O. Box Number is Not Acceptable) 170 Lake Stella Dr
83 # 13
84 City AUBURNDAL FL 85 Zip Code 33823

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WORINGTON, MIKE	
STREET ADDRESS	170 LAKE STELLA DR #14	
CITY-ST-ZIP	AUBURNDAL FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MASTERS, NORMA	
STREET ADDRESS	170 LAKE STELL DR #12	
CITY-ST-ZIP	AUBURNDAL FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, KISER	
STREET ADDRESS	170 LAKE STELLA #15	
CITY-ST-ZIP	AUBURNDAL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TEDDER, JIM	
STREET ADDRESS	170 LAKE STELLA DR #3	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Christopher Ammann	
1.3 STREET ADDRESS	170 Lake Stella Dr	
1.4 CITY-ST-ZIP	#12- Auburndale, FL 33823	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JIM TEDDER	
3.3 STREET ADDRESS	170 Lake Stella Dr #3	
3.4 CITY-ST-ZIP	Auburndale, FL 33823	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHNNY M REED	
4.3 STREET ADDRESS	1539 Auburn Oaks Circle	
4.4 CITY-ST-ZIP	Auburndale, FL 33823	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Norma Masters NORMA MASTERS 1-14-98 - 941-297-1880

CP2E037 (10/97)