


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90420 005 \*\*\*\*61.25

<b>DOCUMENT # N00000005844</b> 1. Entity Name <b>BRITANNIA I OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>TROPICAL ISLES MGMT. 12734 KENWOOD LANE, STE. 49 FORT MYERS, FL 33907</b>	Mailing Address <b>TROPICAL ISLES MGMT. 12734 KENWOOD LANE, STE. 49 FORT MYERS, FL 33907</b>
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2. Principal Place of Business - No P.O. Box # <b>PARADISE PROPERTY MGMT.</b>	3. Mailing Address <b>Paradise Property Mgmt</b>
Suite, Apt. #, etc. <b>810 Anchor Road Dr.</b>	Suite, Apt. #, etc. <b>810 Anchor Road Dr.</b>
City & State <b>Naples, FL</b>	City & State <b>Naples, FL</b>
Zip <b>34103</b>	Country <b>USA</b>



03202007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-1051519</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>TUCK, HEATHER TROPICAL ISLES MGMT. 12734 KENWOOD LANE, STE. 49 FORT MYERS, FL 33907</b>	7. Name and Address of New Registered Agent Name <b>Jeannine Hedberg</b> Street Address (P.O. Box Number is Not Acceptable) <b>Paradise Property Mgmt</b> <b>810 Anchor Road Dr.</b> City <b>Naples</b> FL Zip Code <b>34103</b>
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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 Jeannine Hedberg, CAM Jeannine Hedberg 4-26-2007  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>S</b>	<input type="checkbox"/> Delete <b>ZERKIE, RONALD</b> STREET ADDRESS <b>3950 LOBLOLLY BAY DRIVE, UNIT 406</b> CITY-ST-ZIP <b>NAPLES, FL 34114</b>	TITLE <b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Zerkie, Ronald</b>
TITLE <b>T</b>	<input type="checkbox"/> Delete <b>ROSS, PETE</b> STREET ADDRESS <b>3940 LOBLOLLY BAY DRIVE, UNIT 301</b> CITY-ST-ZIP <b>NAPLES, FL 34114</b>	TITLE <b>Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Ross, Pete</b>
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>SAILER, GENE</b> STREET ADDRESS <b>3940 LOBLOLLY BAY DRIVE, UNIT 204</b> CITY-ST-ZIP <b>NAPLES, FL 34114</b>	TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vernia, Pete</b> <b>3935 Loblolly Bay Drive # 201</b> <b>Naples, FL 34114</b>
TITLE <b>D</b>	<input type="checkbox"/> Delete <b>LANZ, DENNIS</b> STREET ADDRESS <b>3940 LOBLOLLY BAY DRIVE, UNIT 202</b> CITY-ST-ZIP <b>NAPLES, FL 34114</b>	TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Lanz, Dennis</b>
TITLE <b>ASM</b>	<input checked="" type="checkbox"/> Delete <b>RIDDELL, GIL</b> STREET ADDRESS <b>12734 KENWOOD LH # 49</b> CITY-ST-ZIP <b>FORT MYERS, FL 33907</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jeannine Hedberg, CAM Jeannine Hedberg 4-26-07 (239) 430-0250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #