

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90420 009 ****61.25

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| DOCUMENT # N00000005845 | | | |
| 1. Entity Name BRITANNIA OF FOREST GLEN NEIGHBORHOOD ASSOCIATION, INC. | | | |
| Principal Place of Business 10471 SIX MILE CYPRESS PKWY, STE 2 FORT MYERS, FL 33912 | | Mailing Address 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907 | |
| 2. Principal Place of Business - No P.O. Box # Paradise Property Mgmt % Paradise Property Mgmt Suite, Apt. #, etc. 810 Anchor Road Drive City & State Naples, FL Zip 34103 Country USA | | 3. Mailing Address % Paradise Property Mgmt Suite, Apt. #, etc. 810 Anchor Road Drive City & State Naples FL Zip 34103 Country USA | |
| 04262007 Chg-NP CR2E037 (12/06) | | | |
| 4. FEI Number 65-1051514 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TUCK, HEATHER 12734 KENWOOD LANE STE 49 FORT MYERS, FL 33907 | | 7. Name and Address of New Registered Agent Name <u>Jeannine Hedberg, CAM</u> Street Address (P.O. Box Number is Not Acceptable) % Paradise Property Management 810 Anchor Road Drive City <u>Naples</u> <u>FL</u> Zip Code <u>34103</u> | |
| 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 <u>Jeannine Hedberg, CAM</u> <u>Jeannine Hedberg, CAM</u> <u>4-26-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 PD NAME DEBITETTO, JOHN <input checked="" type="checkbox"/> Delete STREET ADDRESS 10471 SIX MILE CYPRESS PKWY, STE 2 CITY-ST-ZIP FORT MYERS, FL 33912 | TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Sailer, Gene STREET ADDRESS 3935 Loblolly Bay Drive #204 CITY-ST-ZIP Naples, FL 34114 | | |
| TITLE VD NAME LEFTWICH, STEVEN <input checked="" type="checkbox"/> Delete STREET ADDRESS 10471 SIX MILE CYPRESS PKWY, STE 2 CITY-ST-ZIP FORT MYERS, FL 33912 | TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME COCOZZA, CHESTER STREET ADDRESS 4010 Loblolly Bay Drive #304 CITY-ST-ZIP Naples, FL 34114 | | |
| TITLE STD NAME KNOWLES, KIRK <input checked="" type="checkbox"/> Delete STREET ADDRESS 10471 SIX MILE CYPRESS PKWY, STE 2 CITY-ST-ZIP FORT MYERS, FL 33912 | TITLE Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Ross, Pete STREET ADDRESS 3940 Loblolly Bay Drive #301 CITY-ST-ZIP Naples, FL 34114 | | |
| TITLE ASM NAME RIDDELL, GIL <input checked="" type="checkbox"/> Delete STREET ADDRESS 12724 KENWOOD LAND STE 49 CITY-ST-ZIP FORT MYERS, FL 33907 | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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: <u>Jeannine Hedberg, CAM</u> <u>Jeannine Hedberg</u> <u>4-26-2007</u> <u>(239)430-0250</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |