

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005845

FILED
Apr 28, 2008
Secretary of State

Entity Name: BRITANNIA OF FOREST GLEN NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

PARADISE PROPERTY MGMT
810 ANCHOR RODE DRIVE
NAPLES, FL 34103

New Principal Place of Business:

PARADISE PROPERTY MGMT
802 ANCHOR RODE DRIVE
NAPLES, FL 34103

Current Mailing Address:

PARADISE PROPERTY MGMT
810 ANCHOR RODE DRIVE
NAPLES, FL 34103

New Mailing Address:

PARADISE PROPERTY MGMT
802 ANCHOR RODE DRIVE
NAPLES, FL 34103

FEI Number: 65-1051514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDBERG, JEANNINE CAM
C/O PARADISE PROPERTY MANAGEMENT
810 ANCHOR RODE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MEADE, JAMES
C/O PARADISE PROPERTY MANAGEMENT
802 ANCHOR RODE DRIVE
NAPLES, FL 34103 US

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.

SIGNATURE: JAMES MEADE

04/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAILER, GENE
Address: 3935 LOBLOLLY BAY DR. #204
City-St-Zip: NAPLES, FL 34114

Title: V () Delete
Name: COCOZZA, CHESTER
Address: 4010 LOBLOLLY BAY DR. #304
City-St-Zip: NAPLES, FL 34114

Title: ST () Delete
Name: ROSS, PETE
Address: 3940 LOBLOLLY BAY DR. #301
City-St-Zip: NAPLES, FL 34114

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ROSS, PETE
Address: 3940 LOBLOLLY BAY DR. #301
City-St-Zip: NAPLES, FL 34114

Title: ST () Change (X) Addition
Name: MORRISON, ROBERT
Address: 3980 LOBLOLLY BAY DR. #308
City-St-Zip: NAPLES, FL 34114

Title: D () Change (X) Addition
Name: ROBERTS, MARY
Address: 3970 LOBLOLLY BAY DR. #302
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE SAILER

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date