2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005845

FILED Mar 20, 2009 Secretary of State

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

Current Principal Place of Business: PARADISE PROPERTY MGMT 802 ANCHOR RODE DRIVE NAPLES, FL 34103 Current Mailing Address:			New Prin	New Principal Place of Business:		
			2335 TAN	CAMBRIDGE PROPERTY MGMT 2335 TAMIAMI TRAIL NORTH, STE.#402 NAPLES, FL 34103 New Mailing Address:		
			New Mail			
PARADISE PROPERTY MGMT 802 ANCHOR RODE DRIVE NAPLES, FL 34103			2335 TAM	CAMBRIDGE PROPERTY MGMT 2335 TAMIAMI TRAIL NORTH, STE.#402 NAPLES, FL 34103		
FEI Number:	65-1051514	FEI Number Applied For ()	FEI Number Not App	plicable () Certificate of Status Desired ()		
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:		
MEADE, JAMES C/O PARADISE PROPERTY MANAGEMENT 802 ANCHOR RODE DRIVE NAPLES, FL 34103 US			C/O CAM 2335 TAM	MEADE, JAMES C/O CAMBRIDGE PROPERTY MANAGEMENT 2335 TAMIAMI TRAIL NORTH, STE, #402 NAPLES, FL 34103 US		
	named entity of Florida.	submits this statement for the	purpose of changing	g its registered office or registered agent, or both		
SIGNATUF	RE:			03/20/2009		
	Electro	onic Signature of Registered Ag	ent	Date		
OFFICERS	S AND DIRE	CTORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	SAILER, GEN	LY BAY DR. #204	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	COCOZZA, C	LY BAY DR. #304	Title: Name: Address: City-St-Zip:	D (X) Change () Addition THEROUX, JOHN 3980 LOBLOLLY BAY DR. #201 NAPLES, FL 34114		
Title: Name: Address: City-St-Zip:	ROSS, PETE) Delete _LY BAY DR. #301 34114	Title: Name: Address: City-St-Zip:	V (X) Change () Addition ROSS, PETE 3940 LOBLOLLY BAY DR. #301 NAPLES, FL 34114		
Title: Name: Address: City-St-Zip:	MORRISON,	LY BAY DR. #308	Title: Name: Address: City-St-Zip:	ST (X) Change () Addition SHERWOOD, GAR 4000LOBLOLLY BAY DR. #102 NAPLES, FL 34114		
Title: Name: Address:	D (ROBERTS, M 3970 LOBLO		Title: Name: Address:	() Change () Addition		

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 P 03/20/2009