

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007173

FILED
Apr 24, 2007
Secretary of State

Entity Name: BRITT CENTER PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

996 EAST PLANT STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

PO BOX 770308
WINTER GARDEN, FL 347770308

New Mailing Address:

PO BOX 771599
WINTER GARDEN, FL 347771599

FEI Number: 45-0474652

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANN & HADLEY, P.A.
1031 WEST MORSE BOULEVARD
SUITE 160
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DELOACH, THOMAS C
Address: 996 EAST PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: HOLLAND, R S
Address: 996 EAST PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: CLARK, JAMES L
Address: 996 EAST PLANT STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STUCKY, MICHAEL
Address: 12475 W. COLONIAL DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Change () Addition
Name: RAINEY, LOUISE B
Address: 370 E. CROWN POINT ROAD
City-St-Zip: WINTER GARDEN, FL 34787

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LOUISE B RAINEY

D

04/24/2007

Electronic Signature of Signing Officer or Director

Date