


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000007173</b>		
<b>1. Entity Name</b> BRITT CENTER PROPERTY OWNER'S ASSOCIATION, INC.		
<b>Principal Place of Business</b> 996 EAST PLANT STREET WINTER GARDEN, FL 34787	<b>Mailing Address</b> PO BOX 771599 WINTER GARDEN, FL 34777-1599	
DO NOT WRITE IN THIS SPACE		
<div style="display: flex; justify-content: space-between;"> <span>02262008 No Chg-NP</span> <span>CR2E037 (4/06)</span> </div>		
<b>4. FEI Number</b> 45-0474652		Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b>		<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
<b>6. Name and Address of Current Registered Agent</b>		
SWANN & HADLEY, P.A. 1031 WEST MORSE BOULEVARD SUITE 160 WINTER PARK, FL 32789		DO NOT WRITE IN THIS SPACE
<b>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.</b>		
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D STUCKY, MICHAEL 12475 W. COLONIAL DRIVE WINTER GARDEN, FL 34787	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D RAINEY, LOUISE B 370 E. CROWN POINT ROAD WINTER GARDEN, FL 34787	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, JAMES L 996 EAST PLANT STREET WINTER GARDEN, FL 34787	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
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<b>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.</b>		
<b>SIGNATURE:</b> <u>Louise B. Rainey</u> <u>Louise B. Rainey</u> <u>2-26-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		