

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90420 006 ****61.25

DOCUMENT # N02000002798 1. Entity Name BRITANNIA II OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business TROPICAL ISLES MANAGEMENT INC 12784 KENWOOD LANE STE 49 FORT MYERS, FL 33907		Mailing Address TROPICAL ISLES MANAGEMENT INC 12784 KENWOOD LANE STE 49 FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # Paradise Property Mgmt Suite, Apt. #, etc. 810 Anchor Rode Dr. City & State Naples, FL Zip 34103		3. Mailing Address Paradise Property Mgmt Suite, Apt. #, etc. 810 Anchor Rode Dr. City & State Naples, FL Zip 34103	
Country USA		Country USA	
4. FEI Number 56-2317350		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 TROPICAL ISLES MANAGEMENT INC 12784 KENWOOD LANE STE 49 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent Name Jeannine Hedberg Street Address (P.O. Box Number is Not Acceptable) Paradise Property Mgmt Gp. 810 Anchor Rode Dr. City Naples FL Zip Code 34135	
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 <i>Jeannine Hedberg, CAM</i> <i>Jeannine Hedberg, CAM</i> <i>4-26-2007</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP	TD HULL, DAVE 5960 LOBJOLLY BAY DRIVE, UNIT 204 NAPLES, FL 34114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Hull, Dave 3960 Loblolly Bay Drive - # 204 Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STOLLMEYER, JOHN 3960 LOBLLOLLY BAY DR UNIT 108 NAPLES, FL 34114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Bret Roberts 3970 Loblolly Bay Dr. # 302 Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, MARYANNE 3970 LOBIOLLY BAY DR, UNIT 206 NAPLES, FL 34114	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lou Abdou 3970 Loblolly Bay Dr. # 104 Naples, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM RIDDELL, GIL 12374 KINWOOD LN SUITE 49 FORT MYERS, FL 33907	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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: <i>Jeannine Hedberg, CAM</i> <i>Jeannine Hedberg</i>		Date <i>4-26-07</i> Daytime Phone # <i>(239)430-0250</i>	