2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000002798

BRITANNIA II OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.



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

Apr 30, 2007 8:00 am Secretary of State

FILED

Principal Place of Business
TROPICAL ISLES MANAGEMENT INC
12784 KENWOOD LANE STE 49
FORT MVEDC EL 22007

Mailing Address

A price Property Magnet Property Mag	12784 KENW FORT MYERS		12784 KENWOOD LANE FORT MYERS, FL 3390	STE 49					
Suite, Apt. 4, etc. South, Apt. 5, etc. South, Apt. 6, etc. South, Ap	2. Principal Pl	se Property Mant	3. Mailing Address Paradise Prop	erty May	mt				
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TUCK, HEATHER TROPICAL ISLES MANAGEMENT INC 12784 KENWOOD LANE STE 49 FORT MYERS, FL 33907 8. The above named entity submits this statement for the purpose of changing its registered agent or the obligations of registered agent. **SIGNATURE** **Filling Foo is \$61.25 **Due by May 1, 2007 10. OFFICERS AND DIRECTORS 11. **SOB LOBIOLITY BAY DRIVE, UNIT 204 UTV.ST-2P NAME SIRET MORESS STOLLMEYER, JOHN STORL MEYERS, FL 33907 TITLE **NAME SIRET MORESS STOLLMEYER, JOHN STORL MEYERS, FL 33114 TITLE NAME SIRET MORESS 10. OFFICERS AND DIRECTORS 11. Doese TITLE NAME SIRET MORESS STOLLMEYER, JOHN STORL MEYERS, FL 33114 TITLE NAME SIRET MORESS 13. Deele NAME SIRET MORESS 13. Deele NAME SIRET MORESS 13. OFFICERS FL 334114 TITLE NAME SIRET MORESS 13. OFFICERS SIRET MORESS OFFI-ST-2P FORT MYERS, FL 33907 TITLE NAME SIRET MORESS OFFI-ST-2P FORT MYERS, FL 33907 TITLE NAME SIRET MORESS OFFI-ST-2P FORT MYERS, FL 33907 TITLE NAME SIRET MORESS OFFI-ST-2P TITLE NAME SIRET MORESS OFFI-ST-2P FORT MYERS, FL 33907 TITLE NAME SIRET MORESS OFFI-ST-2P TITLE NAME SIRET MORESS	Zip	Country t124		Country M	SA !	5. Certificate o	of Status Desired		
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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 ### ### ### ### ####################							<u>, , , , , , , , , , , , , , , , , , , </u>	۲.	
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE TD Change Addition NAME HULL, DAVE STREET ADDRESS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 NAME HULL, DAVE STREET ADDRESS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 NAME HULL, DAVE STREET ADDRESS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 NAME STREET ADDRESS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 NAME STREET ADDRESS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 NAME STREET ADDRESS 396 O LOBIOLITY Bay Drive - # 20 NAPLES, FL 34114 TITLE DEBUTE	SIGNATURE	VIN NUVE // C	<u>~~</u>			nen reinstating)	7, 9,11	DATE	2007
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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.

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JIU	INVI	UN	┗.

SIGNATURE AND TYPED OF PRINTED COMME OF SIGNING OFFICER OR DIRECTOR

239)430-0250