

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90172 039 \*\*\*\*61.25

**DOCUMENT # N02000006130**

1. Entity Name

**BRITTANY ESTATES NEIGHBORHOOD ASSOCIATION,  
INCORPORATED**



Principal Place of Business

Mailing Address

**1720 DESAIX BLVD  
TALLAHASSEE FL 32303**

**1720 DESAIX BLVD  
TALLAHASSEE FL 32303**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**03-0476958**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NAZARIAN, MARY  
1720 DESAIX BLVD  
TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 **P** ☒ Delete  
NAME **GRIFFIN, PAULA**  
STREET ADDRESS **1516 NAVARRE BLVD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **PRES** ☒ Change ☐ Addition  
NAME **MARY ROSSONI**  
STREET ADDRESS **4717 FLANDERS BLVD**  
CITY-ST-ZIP **TALLAHASSEE, FL. 32303**

TITLE **V** ☒ Delete  
NAME **SANDERS, GERALD**  
STREET ADDRESS **1744 BERNAY BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **V.P.** ☒ Change ☐ Addition  
NAME **ROBERT GRIFFIN**  
STREET ADDRESS **1516 NAVARRE BLVD**  
CITY-ST-ZIP **TALLAHASSEE, FL. 32303**

TITLE **S** ☒ Delete  
NAME **ROSSONI, MARY**  
STREET ADDRESS **4717 FLANDERS BLVD**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **SEC** ☒ Change ☐ Addition  
NAME **BENITA LANGTON**  
STREET ADDRESS **4748 DAUPHINE BLVD**  
CITY-ST-ZIP **TALLAHASSEE, FL. 32303**

TITLE **T** ☐ Delete  
NAME **NAZARIAN, MARY**  
STREET ADDRESS **1720 DESAIX BLVD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **SUNDERMAN, GREG**  
STREET ADDRESS **1744 BERNAY BLVD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **DIR.** ☒ Change ☐ Addition  
NAME **PAULA GRIFFIN**  
STREET ADDRESS **1516 NAVARRE BLVD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

TITLE **D** ☒ Delete  
NAME **GRIFFIN, ROBERT**  
STREET ADDRESS **1516 NAVARRE BLVD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE **DIR.** ☒ Change ☐ Addition  
NAME **JOAN SHEPARD**  
STREET ADDRESS **4715 MARSEILLES BLVD**  
CITY-ST-ZIP **TALLAHASSEE, FL. 32303**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **MARY NAZARIAN**  
*Mary Nazarian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/05**

Date

**576-9716**

Daytime Phone #