

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State

06-10-2005 90047 014 ****61.25

DOCUMENT # N03000006726 1. Entity Name BRITANNIA III OF FOREST GLEN COMDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10471 SIX MILE PARKWAY SUITE 2 FORT MYERS, FL 33912			Mailing Address 10471 SIX MILE PARKWAY SUITE 2 FORT MYERS, FL 33912		
2. Principal Place of Business <i>Tropical Isles mgmt.</i> Suite, Apt. #, etc. <i>12734 Kenwood Lane suite 49</i>		3. Mailing Address <i>12734 Kenwood Lane</i> Suite, Apt. #, etc. <i>Suite 49</i>			
City & State <i>Fort Myers FL</i>		City & State <i>Fort Myers FL 33907</i>		4. FEI Number APPLIED FOR <i>01-078047</i>	
Zip <i>33907</i>		Country <i>USA</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01172005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <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, 2005		9. Election Campaign Financing Trust Fund Contribution. <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	PD DEBITETTO, JOHN 10471 SIX MILE PARKWAY SUITE 2 FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD READER, JAMES 10471 SIX MILE PARKWAY SUITE 2 FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KNOWLES, KIRK 10471 SIX MILE PARKWAY SUITE 2 FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>[Signature]</i> <i>was read</i> <i>3/15/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					