

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90420 007 ****61.25

DOCUMENT # N03000006726

1. Entity Name
**BRITANNIA III OF FOREST GLEN COMDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**TROPICAL ISLES MGMT
12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907**

Mailing Address
**12734 KENWOOD LANE, STE 49
FORT MYERS, FL 33907**

40089620



2. Principal Place of Business - No P.O. Box #
Paradise Property Mgmt

Suite, Apt. #, etc.
810 Anchor Road Dr.

City & State
Naples, FL

Zip
34103

Country
USA

3. Mailing Address
Paradise Property Mgmt

Suite, Apt. #, etc.
810 Anchor Road Dr.

City & State
Naples, FL

Zip
34103

Country
USA

03202007 Chg-NP CR2E037 (12/06)

4. FEI Number
01-0798047

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 **Jeannine Hedberg**

Street Address (P.O. Box Number is Not Acceptable)
810 Anchor Road Dr.

City
Naples, FL

City **Naples** **FL** Zip Code **34103**

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

Jeannine Hedberg, CAM **Jeannine Hedberg, CAM** **4-26-2007**

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE **P** ☐ Delete
NAME **MORRISON, ROBERT**
STREET ADDRESS **3980 LOBLOLLY BAY DR #308**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE **D** ☐ Delete
NAME **BERGEN, JUDITH**
STREET ADDRESS **3980 LOBLOLLY BAY DR #105**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE **D** ☐ Delete
NAME **GALES, CHARLES**
STREET ADDRESS **3980 LOBLOLLY BAY DR #103**
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE **ASM** ☒ Delete
NAME **RIDDELL, GIL**
STREET ADDRESS **12734 KENWOOD LN #49**
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME **VP Bergen, Judith**
STREET ADDRESS **3980 Loblolly Bay Drive #105**
CITY-ST-ZIP **Naples, FL 34114**

TITLE ☒ Change ☐ Addition
NAME **S/T Gales, Charles**
STREET ADDRESS **3980 Loblolly Bay Drive #103**
CITY-ST-ZIP **Naples, FL 34114**

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

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

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

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: *Jeannine Hedberg, CAM* **Jeannine Hedberg** **4-26-07** **(239)430-0250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #