

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006726

FILED
Apr 29, 2008
Secretary of State

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

Current Principal Place of Business:

PARADISE PROPERTY MGMT
802 ANCHOR RODE DR
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

PARADISE PROPERTY MGMT
802 ANCHOR RODE DR
NAPLES, FL 34103

New Mailing Address:

FEI Number: 01-0798047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEDGERG, JEANNINE
PARADISE PROPERTY MANAGEMENT GROUP
802 ANCHOR RODE DR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MEADE, JAMES
PARADISE PROPERTY MANAGEMENT GROUP
802 ANCHOR RODE DR
NAPLES, FL 34103 US

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.

SIGNATURE: JAMES MEADE

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRISON, ROBERT
Address: 3980 LOBLOLLY BAY DR #308
City-St-Zip: NAPLES, FL 34114

Title: VP () Delete
Name: BERGEN, JUDITH
Address: 3980 LOBLOLLY BAY DR #105
City-St-Zip: NAPLES, FL 34114

Title: ST () Delete
Name: GALES, CHARLES
Address: 3980 LOBLOLLY BAY DR #103
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MORRISON

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date