

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90147 003 \*\*\*\*61.25

<b>DOCUMENT # N04000000529</b>					
<b>1. Entity Name</b> BRITANNIA IV OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 10471 SIX MILE CYPRESS PARKWAY SUITE # 2 FORT MYERS, FL 33912			<b>Mailing Address</b> 10471 SIX MILE CYPRESS PARKWAY SUITE # 2 FORT MYERS, FL 33912		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 51-0496801	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> Added to Fees	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> DEBITETTO, JOHN <b>STREET ADDRESS</b> 10471 SIX MILE CYPRESS PARKWAY, SUITE 2 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> George Sherwood <b>STREET ADDRESS</b> 4000 Loblolly Bay Dr <b>CITY-ST-ZIP</b> #102 Naples Fl. 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> READER, JAMES <b>STREET ADDRESS</b> 10471 SIX MILE CYPRESS PARKWAY, SUITE 2 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Mike Bell <b>STREET ADDRESS</b> 4000 Loblolly Bay Dr <b>CITY-ST-ZIP</b> #306 Naples Fl 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> KNOWLES, KIRK <b>STREET ADDRESS</b> 10471 SIX MILE CYPRESS PARKWAY, SUITE 2 <b>CITY-ST-ZIP</b> FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Robert Korba <b>STREET ADDRESS</b> 4010 Loblolly Bay Dr <b>CITY-ST-ZIP</b> # NAPLES FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> ASM <b>NAME</b> Gil Riddlell <b>STREET ADDRESS</b> 12734 Kenwood Lane #49 <b>CITY-ST-ZIP</b> FORT MYERS FL 33907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Delete		<b>TITLE</b> _____ <b>NAME</b> _____ <b>STREET ADDRESS</b> _____ <b>CITY-ST-ZIP</b> _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			5/30/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
_____			239 939 2999		
_____			Daytime Phone #		