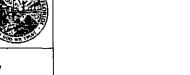
## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000000529 BRITANNIA IV OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.



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

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



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Principal Place of Business 10471 SIX MILE CYPRESS PARKWAY SUITE # 2 FORT MYERS, FL 33912			Mailing Address 10471 SIX MILE CYPRESS PARKWAY SUITE # 2 FORT MYERS, FL 33912				I ITTIIITI ON BI	111		00206	48
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				05242006	Chg-NP	CR2E	037 (4/06)	
City & State			City & State			4. FEI Number 51-04968	B01		<del></del>	pplied For	
Zip		Country	Zip	Cou	untry		5. Certificate of	Status Desired	d 🗆	\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		7. Name and Address of New Registered Agent						
					Name						
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901					Street Address (P.O. Box Number is Not Acceptable)						
- PORT MITERS, FL 33901					City	<del> –</del>				Zip Cod	
					) (1.1)				FL	.   2.000	•
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, typed o	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature	e required v	when reinstating)		DATE		
Di	_	e is \$61.25 tember 6, 2006	9. Election Car Trust Fund (				\$5.00 May Be Added to Fees	F	Make checi lorida Depar		
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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: \_

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SIGNATURE	AND TYPED OR PRINT	ED NAME OF SIGNIN	G OFFICER OR DIRECTOR