


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-30-2007 90420 008 ****61.25

DOCUMENT # N04000000529 1. Entity Name BRITANNIA IV OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.					
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		
2. Principal Place of Business - No P.O. Box # Paradise Property Mgmt		3. Mailing Address Paradise Property Mgmt			
Suite, Apt. #, etc. 810 Anchor Rode Dr.		Suite, Apt. #, etc. 810 Anchor Rode Dr.			
City & State Naples, FL		City & State Naples, FL			
Zip 34103	Country USA	Zip 34103	Country USA	4. FEI Number 51-0496801	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 Rode Dr. City Naples, FL Zip Code FL 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 <small>Signature, typed or printed name of registered agent and when applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	D SHERWOOD, GEORGE 4000 LOBLOLLY BAY DR #102 NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Sherwood, George 4000 Loblolly Bay Drive # 102 Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, MIKE 4000 LOBLOLLY BAY DR #306 NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bell, mike 4000 Loblolly Bay Drive # 306 Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KORBA, ROBERT 4010 LOBLOLLY BAY DR NAPLES, FL 34114 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Korba, Robert 4010 Loblolly Bay Drive Naples, FL 34114 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASM RIDDELL, GIL 12734 KENWOOD LN #49 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bill Keating 4010 Loblolly Bay Dr. # 208 Naples, FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Ricci 4010 Loblolly Bay Dr. # 204 Naples, FL 34114 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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