

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000529

FILED
Apr 29, 2008
Secretary of State

Entity Name: BRITANNIA IV OF FOREST GLEN CONDOMINIUM 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: 51-0496801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MEAD, 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: ST () Delete
Name: SHERWOOD, GEORGE
Address: 4000 LOBLOLLY BAY DR #102
City-St-Zip: NAPLES, FL 34114

Title: P () Delete
Name: BELL, MIKE
Address: 4000 LOBLOLLY BAY DR #306
City-St-Zip: NAPLES, FL 34114

Title: V () Delete
Name: KORBA, ROBERT
Address: 4010 LOBLOLLY BAY DR
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: KEATING, BILL
Address: 4010 LOBLOLLY BAY DR. #208
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: RICCI, ROBERT
Address: 4010 LOBLOLLY BAY DR. #204
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:

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: MIKE BELL

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date