2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008
Secretary of State

DOCUMENT# N07000000987

Entity Name: BRITTANY ESTATES AT GOLDEN OCALA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2605 SW 33RD ST STE 200
OCALA, FL 34478

New Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

Current Mailing Address:

P.O.BOX 2495
OCALA, FL 34478

New Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

FEI Number: 20-8650549 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRKPATRICK, KENNETH
2605 SW 33RD ST
OCALA, FL 34474 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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 W HART JR 04/04/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Change (X) Addition
Name: ROBERTS, RALPH L SR
Address: 600 GILLAM RD
City-St-Zip: WILMINGTON, OH 45177

Title: VPD ( ) Change (X) Addition
Name: DONNELLY, JOE
Address: 7340 NW HWY 27
City-St-Zip: OCALA, FL 34482

Title: SD ( ) Change (X) Addition
Name: DELUCA, DONALD
Address: 600 GILLAM RD
City-St-Zip: WILMINGTON, OH 45177

Title: TD ( ) Change (X) Addition
Name: LONG, JIMMY
Address: 7340 N US HWY 27 STE 111
City-St-Zip: OCALA, FL 34482

Title: D ( ) Change (X) Addition
Name: PERNA, CRAIG
Address: 7340 N US HWY 27 STE 111
City-St-Zip: OCALA, FL 34482

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: RALPH L ROBERTS SR PD 04/04/2008
Electronic Signature of Signing Officer or Director Date