

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000987

FILED  
Mar 27, 2009  
Secretary of State

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

**Current Principal Place of Business:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 26-2161970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: DONNELLY, JOE  
Address: 7340 NW HWY 27 STE 111  
City-St-Zip: OCALA, FL 34482

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TSD (X) Change ( ) 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

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date