

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000987

FILED  
Apr 12, 2010  
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  
Name: ROBERTS, RALPH L  
Address: 600 GILLAM RD  
City-St-Zip: WILMINGTON, OH 45177

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

Title: SD  
Name: HANCHETT, IVY  
Address: 7340 N US HWY 27 STE 111  
City-St-Zip: OCALA, FL 34482

Title: TD  
Name: KEOGH, SUSAN  
Address: 7340 N US HWY 27 STE 111  
City-St-Zip: OCALA, FL 34482

Title: D  
Name: HIRSCHY, DAN  
Address: 7340 NW US HWY 27 STE 111  
City-St-Zip: OCALA, FL 34482

I hereby 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 all other like empowered.

SIGNATURE: RALPH L ROBERTS

PD

04/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date