FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24743** **(9)**

1. Corporation Name

POINT BRITTANY HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4900 BRITTANY DR S SUITE 201 ST. PETERSBURG FL 33715 US	4900 BRITTANY DR S SUITE 201 ST. PETERSBURG FL 33715 US

3. Date Incorporated or Qualified: 02/09/1988

3a. Date of Last Report: 02/20/1995

2. Principal Place of Business	2a. Mailing Address
21 4900 Brittany Dr. So.	26 same
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc 27
City & State 23 St. Petersburg, FL	City & State 28
Zip / Country 24 33715 / 25 Pinellas	Zip / Country 29 / 30

4. FEI Number: 59-2969876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SULLIVAN, ADELAIDE R.
4900 BRITTANY DR, S #201
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	KLASSEN, SYLVIA		12 NAME		
STREET ADDRESS	5200 BRITTANY DR S #609		13 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MAURER, JACOB		22 NAME		
STREET ADDRESS	5020 BRITTANY DR, S #312		23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		24 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	CONRAD, SHIRLEY		32 NAME		
STREET ADDRESS	5108 BRITTANY DR S #503		33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		34 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, ADELAIDE R.		42 NAME		
STREET ADDRESS	4900 BRITTANY DR. S #201		43 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	HAMILTON, SELMA		52 NAME		
STREET ADDRESS	5220 BRITTANY DR, S #703		53 STREET ADDRESS		
CITY-ST-ZIP	ST PETERBURG FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	MCKELVEY, ANNIE		62 NAME		
STREET ADDRESS	5200 BRITTANY DR S, #1103		63 STREET ADDRESS		
CITY-ST-ZIP	ST PETERBURG FL		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Adelaide R. Sullivan ADELAIDE R. SULLIVAN 3/27/96 813-893-7539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)