

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33715-1641
US**3. Date Incorporated or Qualified
02/09/19883a. Date of Last Report
04/01/1996

2. Principal Place of Business

21 4900 Brittany Dr., So.

Suite, Apt. #, etc.

22 Apt. #201

City & State

23 St. Petersburg, FL

Zip

24 33715

Country

25 Pinellas

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

304. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLASSEN, SYLVIA	
STREET ADDRESS	5200 BRITTANY DR S #609	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MAURER, JACOB	
STREET ADDRESS	5020 BRITTANY DR. S #312	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CONRAD, SHIRLEY	
STREET ADDRESS	5108 BRITTANY DR S #503	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, ADELAIDE R.	
STREET ADDRESS	4900 BRITTANY DR. S #201	
CITY - ST - ZIP	ST. PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, SELMA	
STREET ADDRESS	5220 BRITTANY DR, S #703	
CITY - ST - ZIP	ST PETERBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKELVEY, ANNIE	
STREET ADDRESS	5200 BRITTANY DR S, #1103	
CITY - ST - ZIP	ST PETERBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** 3/3/97 (813) 893-7539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051093

CR2E037 (9/96)