

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90009 037 ****61.25

DOCUMENT # N24743

1. Corporation Name

POINT BRITTANY HOMEOWNER'S ASSOCIATION, INC.

3/1112 - 90009 - 37

Principal Place of Business

4900 BRITTANY DR S
SUITE 201
ST. PETERSBURG FL 33715
US

Mailing Address

4900 BRITTANY DR S
SUITE 201
ST. PETERSBURG FL 33715
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/09/1988

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

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]

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 ☐ DELETE

NAME KLASSEN, SYLVIA
STREET ADDRESS 5200 BRITTANY DR S #609
CITY-ST-ZIP ST. PETERSBURG FL

TITLE VD ☐ DELETE

NAME MAURER, JACOB
STREET ADDRESS 5020 BRITTANY DR, S #312
CITY-ST-ZIP ST. PETERSBURG FL

TITLE SD ☐ DELETE

NAME CONRAD, SHIRLEY
STREET ADDRESS 5108 BRITTANY DR S #503
CITY-ST-ZIP ST. PETERSBURG FL

TITLE TD ☐ DELETE

NAME SULLIVAN, ADELAIDE R.
STREET ADDRESS 4900 BRITTANY DR. S #201
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ DELETE

NAME HAMILTON, SELMA
STREET ADDRESS 5220 BRITTANY DR, S #703
CITY-ST-ZIP ST PETERBURG FL

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99

(727) 893-7539

CR2E037 (11/98)