


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90113 005 ****61.25

DOCUMENT # N25953 1. Entity Name NEW BRITTANY OFFICE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12650 NEW BRITTANY BLVD SUITE 101/102 FORT MYERS, FL 33907 US			Mailing Address 12650 NEW BRITTANY BLVD SUITE 101/102 FORT MYERS, FL 33907 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0123356	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUFF, JOSEPH W JR 13241 UNIVERSITY DRIVE SUITE 102 FORT MYERS, FL 33907				Name Scarbrough, John P Street Address (P.O. Box Number is Not Acceptable) 12650 New Brittany Blvd Suite 102 City Ft. Myers	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code 33907	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PDST		TITLE	Scarbrough, John P	
NAME	SCARBOROUGH, JOHN P <input type="checkbox"/> Delete		NAME	Scarbrough, John P <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	12650 NEW BRITTANY BLVD., #102		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	Scarbrough, Karen J <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCARBOROUGH, KAREN J		NAME	Scarbrough, Karen J	
STREET ADDRESS	12650 NEW BRITTANY BLVD., #102		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5-3-04 Daytime Phone # _____		

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