

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 # **N34173 (7)**
1. Corporation Name
BRITTANY PARK HOMEOWNERS ASSOCIATION, INC.

3/797



Principal Place of Business: 916 LINN HARBOR CT, TARPON SPRINGS FL 34689
Mailing Address: 916 LINN HARBOR CT, TARPON SPRINGS FL 34689
University Prop.
Some
824 E. Fletcher Ave., Tampa, FL 33612

3. Date Incorporated or Qualified: 09/14/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 C10 VPD, Suite, Apt. #, etc. 824 E. Fletcher Ave., Tampa, Fla., Zip 33612, Country USA
2a. Mailing Address: 26 C10 VPD, Suite, Apt. #, etc. 824 E. Fletcher Ave., Tampa, Fla., Zip 33612, Country USA

4. FEI Number: 59-3038334
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
STAFFENBERG, SHERRY A
736 BRITTANY PARK BLVD
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent
81 Name: *Laura Rayburn*
82 Street Address: *1968 Boyshole Blvd.*
83
84 City: *Dunedin* FL 85 Zip Code: *34698*

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *Sherry A Staffenberg* (NOTE: Registered Agent signature required when reinstating) DATE: 3/23/96

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DONAHOO, JANICE	
STREET ADDRESS	755 BRITTANY PARK BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROLLINS, CLARK T	
STREET ADDRESS	916 LINN HARBOR	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	STB	<input type="checkbox"/> DELETE
NAME	DONAHOO, JAMES	
STREET ADDRESS	755 BRITTANY PARK BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	XP	<input type="checkbox"/> DELETE
NAME	LIMPERIS, CHARLES	
STREET ADDRESS	743 BRITTANY PARK BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	STAFFENBERG, SHERRI	
STREET ADDRESS	736 BRITTANY PARK BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SCC	<input type="checkbox"/> DELETE
NAME	DRAPER, WILLIAM	
STREET ADDRESS	1704 HUNTER LANE	
CITY-ST-ZIP	TARPON SPRINGS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sherry Staffenberg	
1.3 STREET ADDRESS	736 Brittany Park Blvd	
1.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	William Draper	
2.3 STREET ADDRESS	1704 Hunter Lane	
2.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles Limperis	
3.3 STREET ADDRESS	743 Brittany Park Blvd	
3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689	
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	50000177950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/15/96--01023--015	
5.3 STREET ADDRESS	***61.25	
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 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: *Sherry A Staffenberg* Sherry Staffenberg-12-96 813-942-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)