

FILE NOW: FILING FEE IS \$61.25

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May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N34173 (7)**

1. Corporation Name  
**BRITTANY PARK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business C/O UPI 824 E. FLECHER AVE. TAMPA FL 33612 US	Mailing Address C/O UPI 824 E. FLECHER AVE. TAMPA FL 33612-2613 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified <b>09/14/1989</b>	3a. Date of Last Report <b>04/14/1996</b>
4. FEI Number <b>59-3038334</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

~~RAYBURN, LAURA~~  
1968 BAYSHORE BLVD.  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name **JOSEPH R. CIANFRONE, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1968 BAYSHORE BLVD.**

83

84 City **DUNEDIN** FL 85 Zip Code **34698**

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]* DATE **4/15/97**

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STAFFENBERG, SHERRY	
STREET ADDRESS	738 BOILTURY PARK BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DRAPE, WILLIAM	
STREET ADDRESS	1704 HUNTER LN.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LICAPEIS, CHARLES	
STREET ADDRESS	743 BRITTANY PAARK BLVD.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LIMPERIS, CHARLES	
STREET ADDRESS	743 BRITTANY PARK BLVD	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	STAFFENBERG, SHERRI	
STREET ADDRESS	738 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEPHEN J. HILTON	
1.3 STREET ADDRESS	923 HUNTER LANE	
1.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD A. MOSSO	
2.3 STREET ADDRESS	914 BRITTANY PARK BLVD.	
2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RONALD HUNTER	
3.3 STREET ADDRESS	906 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" 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]* *[Signature]* *[Signature]*

CR2E037 (9/96)