


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 US
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3. Date Incorporated or Qualified <b>09/14/1989</b>	Applied For
4. FEI Number <b>59-3038334</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>7001 Temple Terrace Hwy</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>7001 Temple Terrace Hwy</b> Suite, Apt. #, etc.
22 City & State 23 <b>Temple Terrace, Fla.</b>	27 City & State 28 <b>Temple Terrace, Fla.</b>
24 Zip <b>33637</b> 25 Country <b>USA</b>	29 Zip <b>33637</b> 30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**CIANFRONE, JOSEPH R PA**  
**1968 BAYSHORE BLVD.**  
**DUNEDIN FL 34898**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILTON, STEPHEN J</b>	1.2 NAME	
STREET ADDRESS	<b>923 HUNTER LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSSO, RICHARD A</b>	2.2 NAME	
STREET ADDRESS	<b>919 BRITTANY PARK BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HUNTER, RONALD</b>	3.2 NAME	<b>D Bertetto, Larry</b>
STREET ADDRESS	<b>906 BRITTANY PARK BLVD</b>	3.3 STREET ADDRESS	<b>1621 Navigator Lane</b>
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	3.4 CITY-ST-ZIP	<b>Tarpon Springs, FL 34689</b>
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIMPERIS, CHARLES</b>	4.2 NAME	
STREET ADDRESS	<b>743 BRITTANY PARK BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAPER, WILLIAM</b>	5.2 NAME	
STREET ADDRESS	<b>1704 HUNTER LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an addressee.

SIGNATURE: *Stephen Hilton* 3-10-98 (813) 556-1263

CFR037 (10/97)