2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N34173

1. Entity Name
BRITTANY PARK/TARPON TRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
757 BRITTANY PK. BLVD. TARPON, FL 34689 US	P.O. BOX 2313 TARPON SPRINGS, FL 34688-2313

DO NOT WRITE IN THIS SPACE

07122007 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
59-3038334	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CIANFRONE, JOSEPH R PA
1968 BAYSHORE BLVD.
DUNEDIN, FL 34698

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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.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000768790
07/16/07-80001-009 61.25

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10. OFFICERS AND DIRECTORS

TITLE	S
NAME	HILTON, STEPHEN
STREET ADDRESS	923 HUNTER LANE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	PD
NAME	PAVLOU, CHRIS
STREET ADDRESS	757 BRITTANY PARK BLVD
CITY-ST-ZIP	TARPON SPRINGS, FL

TITLE	D
NAME	KENNEDY, GLENN
STREET ADDRESS	918 BRITTANY PARK BLVD
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	TD
NAME	KALCH, CHARLES
STREET ADDRESS	1734 HUNTER LANE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	D
NAME	FOXCRAFT, PATRICK
STREET ADDRESS	1744 BLUE LAKE CT
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	D
NAME	GARDNER, LINDA
STREET ADDRESS	1700 HUNTER LANE
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____Chris Parlou Pres._____   _July 13/2007_ _727 943 7785_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #