2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2012
Secretary of State

DOCUMENT# N37160

Entity Name: BRITTANY ESTATES RO ASSOCIATION, INC.

Current Principal Place of Business:

1000 MARK RD
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

PO BOX 492228
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3000163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGALSKI, BARBARA
PARENT COMPANY
613 S 12TH ST
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CICCAGLIONE, DAN
Address: 219 BRITTANY BLVD.
City-St-Zip: LEESBURG, FL 34748

Title: SD
Name: WILWERT, DOROTHY
Address: 95 SIESTA DR.
City-St-Zip: LEESBURG, FL 34748

Title: VPD
Name: KANALY, TOM
Address: 944 MARK RD.
City-St-Zip: LEESBURG, FL 34748

Title: 2VPD
Name: RICHARDSON, ALVA
Address: 183 CAREFREE LN.
City-St-Zip: LEESBURG, FL 34748

Title: T/D
Name: CICCAGLIONE, DAN
Address: 219 BRITTANY BLVD
City-St-Zip: LEESBURG, FL 34748

Title: D
Name: BURKETT, LOIS
Address: 127 FRIENDLY DR.
City-St-Zip: LEESBURG, FL 34748 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAN CICCAGLIONE PRES 02/02/2012

Electronic Signature of Signing Officer or Director — Date