

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000221

1. Entity Name

BRITTANY GARDENS HOMEOWNERS ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90153 016 ****70.00

Principal Place of Business

Mailing Address

2670 ULTRA VISTA DR
 MAITLAND FL 32751
 US

2670 ULTRA VISTA DR
 MAITLAND FL 32751-5179
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEDERING, KAREN
 2680 QUEEN MARY PLACE
 MAITLAND FL 32751

Name *Becky Brushwood*

Street Address (P.O. Box Number is Not Acceptable)

2675 Ultra Vista Drive

City *Maitland*

FL

Zip Code *32751*

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.

SIGNATURE

Becky Brushwood

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/00
 DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEDERING, KAREN	
STREET ADDRESS	2680 QUEEN MARY PLACE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ANGEL	
STREET ADDRESS	2640 QUEEN MARY PLACE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KEARLEY, JAMIE	
STREET ADDRESS	2636 QUEEN MARY DRIVE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRUSHWOOD, BECKY	
STREET ADDRESS	2675 ULTRA VISTA DR	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brushwood, Becky	
STREET ADDRESS	2675 Ultra Vista Dr.	
CITY-ST-ZIP	Maitland, FL 32751	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sedik, Don	
STREET ADDRESS	2680 Queen Mary Pl.	
CITY-ST-ZIP	Maitland, FL. 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zitza Peggy	
STREET ADDRESS	2613 Queen Mary Pl.	
CITY-ST-ZIP	Maitland, FL. 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

James W Kearley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-246-8939

CR2E037 (9/99)