

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90015 004 ****61.25

DOCUMENT # N95000000221

1. Entity Name

BRITTANY GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2670 ULTRA VISTA DR
 MAITLAND FL 32751
 US

Mailing Address

2670 ULTRA VISTA DR
 MAITLAND FL 32751
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRUSHWOOD, BECKY
2675 ULTRA VISTA DRIVE
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name James W Kearley
 Street Address (P.O. Box Number is Not Acceptable)
2636 Queen Mary Place
 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 James W Kearley
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/01
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

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | BRUSHWOOD, BECKY | |
| STREET ADDRESS | 2675 ULTRA VISTA DR | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | SEIDIK, DOY | |
| STREET ADDRESS | 2650 QUEEN MARY PL | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | KEARLEY, JAMES | |
| STREET ADDRESS | 2636 QUEEN MARY DRIVE | |
| CITY-ST-ZIP | MAITLAND FL 32751 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | ZITZA, PEGGY | |
| STREET ADDRESS | 2613 QUEEN MARY PL | |
| 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 | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | Vice President (VPD) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Stan Weinroth | |
| STREET ADDRESS | 2685 Queen Mary Place | |
| CITY-ST-ZIP | Maitland, FL 32751 | |
| TITLE | Treasurer (TD) | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Anne Landrum | |
| STREET ADDRESS | 2641 Ultra Vista Dr. | |
| CITY-ST-ZIP | Maitland, FL 32751 | |
| TITLE | President (PD) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | Secretary (SD) | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Erin Tompkins | |
| STREET ADDRESS | 2681 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: SIGNATURE RE Kearley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/01 407 246-8939
Date Daytime Phone #

CR2E037 (10/00)