


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90089 027 ****61.25

DOCUMENT # N9500000221

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 No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

6. Name and Address of Current Registered Agent

**IVES, GARRY
 2689 QUEEN MARY PL
 MAITLAND, FL 32751**



01102007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Numbers Not Acceptable)
 City **FL** Zip Code

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, hand or printed name of registered agent and title (see above) (Print Name of Registered Agent and Signature Required with Certificate) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TEOLIS, GENE	
STREET ADDRESS	2642 ULTRA VISTA DR	
CITY, ST, ZIP	MAITLAND, FL 32751	
TITLE	T	<input type="checkbox"/> Delete
NAME	LANDRUM, ANNE	
STREET ADDRESS	2643 ULTRA VISTA DR	
CITY, ST, ZIP	MAITLAND, FL 32751	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	TOMPKINS, ERIN	
STREET ADDRESS	2671 ULTRA VISTA DR	
CITY, ST, ZIP	MAITLAND, FL 32751	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TOMPKINS, ERIN	
STREET ADDRESS	2671 ULTRA VISTA DR	
CITY, ST, ZIP	MAITLAND, FL 32751	
TITLE	S	<input type="checkbox"/> Delete
NAME	IVES, GARRY	
STREET ADDRESS	2689 QUEEN MARY PL	
CITY, ST, ZIP	MAITLAND, FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES CURRY	
STREET ADDRESS	489 PENNY LANE	
CITY, ST, ZIP	MAITLAND, FL 32751	

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: *William "Garry" Ives* **1/24/2007** **407 644-4325**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY AND PHONE #