

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90084 043 ****61.25

DOCUMENT # N96000002610					
1. Entity Name BRITTANY ESTATES MOBILE HOME PARK RESIDENTS ASSOCIATION INC.					
Principal Place of Business 5010 NE WALDO ROAD LOT 3 GAINESVILLE, FL 32609 US			Mailing Address 5010 NE WALDO ROAD LOT 3 GAINESVILLE, FL 32609 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3379206	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MALLETTE, ELLEN 5010 N E WALDO ROAD LOT 3 GAINESVILLE, FL 32609				Name Street Address (P.O. Box Number is 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 <i>Ellen Mallette</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>4/15/06</i> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUFFY, RAY 5010 NE WALDO ROAD, #84 GAINESVILLE, FL 32609 <i>CHANGE TO DIRECTOR</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT EVERETTE PERDUE 5010 NE WALDO RD # 70 GAINESVILLE FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASELLA, ARLENE 5010 NEWALDO RD #45 9 GAINESVILLE, FL 32609 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARY ELLEN ISAACS 5010 NEWALDO RD #88 GAINESVILLE FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JENKINS, JACK 5010 NE WALDO RD., #174 GAINESVILLE, FL 32609 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKIE LEHTINEN 5010 NE WALDO RD #66 GAINESVILLE FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENFT, BETTY JO 5010 NE WALDO ROAD, #126 GAINESVILLE, FL 32609 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	#55 HENRY LEHTINEN 5010 NEWALDO RD #66 GAINESVILLE FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, DOTTIE 5010 NE WALDO RD #135 GAINESVILLE, FL 32609 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	55 JOE CASELLA 5010 NE WALDO RD #9 GAINESVILLE FL 32609 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, GERRY 5010 NE WALDO RD #90 GAINESVILLE, FL 32609 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Everette N Perdue</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>4/15/06</i> <small>Daytime Phone #</small>	