


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90037 050 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3379206	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLETT, ELLEN 5010 N E WALDO ROAD LOT 3 GAINESVILLE, FL 32609			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 4, 2008		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 S NAME NALLETT, ELLEN STREET ADDRESS 5010 NE WALDO RD. #3 CITY-ST-ZIP GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME CASELLA, ARLENE STREET ADDRESS 5010 NEWALDO RD #146 CITY-ST-ZIP GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LEHTINEN, JACKIE STREET ADDRESS 5010 NE WALDO RD, # 66 CITY-ST-ZIP GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SS NAME LEHTINEN, HENRY STREET ADDRESS 5010 NE WALDO RD, 66 CITY-ST-ZIP GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SS NAME CASELLA, JOE STREET ADDRESS 5010 NE WALDO RD, # 9 CITY-ST-ZIP GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME SENFT, BETTY JO STREET ADDRESS 5010 NE WALDO DR #126 CITY-ST-ZIP GAINESVILLE, FL 32609	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
P MARY ELLEN ISSACS 5010 NE WALDO RD #101 GAINESVILLE FL 32609			P MARY ELLEN ISSACS 5010 NE WALDO RD #101 GAINESVILLE FL 32609		
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: <u>Ellen Mallett ELLEN MALLETT</u> 4/16/08 352 378-2950					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					