

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002610

FILED
Apr 09, 2009
Secretary of State

Entity Name: BRITTANY ESTATES MOBILE HOME PARK RESIDENTS ASSOCIATION INC.

Current Principal Place of Business:

5010 NE WALDO ROAD
LOT 3
GAINESVILLE, FL 32609 US

New Principal Place of Business:

Current Mailing Address:

5010 NE WALDO ROAD
LOT 3
GAINESVILLE, FL 32609 US

New Mailing Address:

FEI Number: 59-3379206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLETTE, ELLEN
5010 N E WALDO ROAD
LOT 3
GAINESVILLE, FL 32609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: NALLETTE, ELLEN
Address: 5010 NE WALDO RD. #3
City-St-Zip: GAINESVILLE, FL 32609

Title: T () Delete
Name: CASELLA, ARLENE
Address: 5010 NEWALDO RD #146
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: LEHTINEN, JACKIE
Address: 5010 NE WALDO RD, # 66
City-St-Zip: GAINESVILLE, FL 32609

Title: SS () Delete
Name: LEHTINEN, HENRY
Address: 5010 NE WALDO RD, 66
City-St-Zip: GAINESVILLE, FL 32609

Title: SS () Delete
Name: CASELLA, JOE
Address: 5010 NE WALDO RD, # 9
City-St-Zip: GAINESVILLE, FL 32609

Title: P () Delete
Name: ISSACS, MARY ELLEN
Address: 5010 NE WALDO RD #101
City-St-Zip: GAINESVILLE, FL 32609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: CARROLL, SKIP
Address: 5010 NEWALDO RD #74
City-St-Zip: GAINESVILLE, FL 32609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN MALLETTE

S

04/09/2009

Electronic Signature of Signing Officer or Director

Date