PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064168

Corporation Name
BRITTANY OF ROSEMONT MANAGEMENT COMPANY, INC.

Principal Place of Business
3 WILMINGTON WEST CHESTER PIKE
HADDS FORD PA 19317

Mailing Address
215 N. EOLA DRIVE
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/30/1994

Principal Place of Business: 223 Wilmington West Chester Pike
Suite, Apt. #, etc.
City & State: Chadds Ford, PA.
Zip: 19317 Country: US

2a. Mailing Address (26): 215 North Eola Drive
Suite, Apt. #, etc. (27)
City & State (28): Orlando, Florida 32801
Zip (29): 32801 Country (30): US

4. FEI Number: 29-2776186 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
BALLETTA, JAMES
215 N EOLA DR
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	~~SPANO, THOMAS V~~	
STREET ADDRESS	~~223 WILMINGTON WEST CHESTER PIKE~~	
CITY-ST-ZIP	~~CHADDS FORD PA 19317~~	
TITLE	ST	XX DELETE
NAME	~~MARRA, NANCY F~~	
STREET ADDRESS	~~223 WILMINGTON WEST CHESTER PIKE~~	
CITY-ST-ZIP	~~CHADDS FORD PA 19317~~	
TITLE	V	XX DELETE
NAME	~~BALLETTA, JAMES~~	
STREET ADDRESS	~~215 N EOLA DR~~	
CITY-ST-ZIP	~~ORLANDO FL 32801~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☒ Change ☒ Addition
NAME	SPANO, CHRISTOPHER T.	
STREET ADDRESS	223 Wilmington West Chester Pike	
CITY-ST-ZIP	Chadds, Ford, PA. 19317	
TITLE	VST	☒ Change ☒ Addition
NAME	PHILLIPS, FRANK X	
STREET ADDRESS	223 Wilmington West Chester Pike	
CITY-ST-ZIP	Chadds Ford, PA. 19317	
TITLE		☐ Change ☐ Addition
NAME	100002586161	
STREET ADDRESS	-05/04/99--01043--005	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/ /99 610-558-1500
SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANK X. PHILLIPS, VICE PRESIDENT

CR2F034 (11/98)