
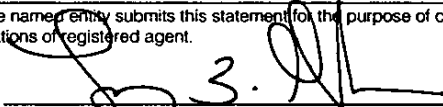
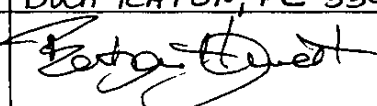
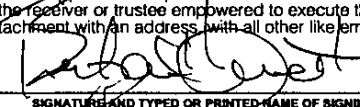


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90022 010 ****61.25

| | | | | | |
|---|-----------------------------------|--|--|---|--|
| DOCUMENT # 743839 1. Entity Name THE BRIGHTON CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business BRIGHTON CONDO MINIMUM ASS INC 2000 NORTH OCEAN BLVD BOCA RATON, FL 33431 | | | Mailing Address BRIGHTON CONDO MINIMUM ASS INC 2000 NORTH OCEAN BLVD BOCA RATON, FL 33431 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1955459 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 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 | | |
| GLICKMAN, LARRY 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33481 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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  7/17/06 <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 September 6, 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 | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LOEB, KENNETH | | NAME | | |
| STREET ADDRESS | 2000 N OCEAN BLVD 9, # 206 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCLAUGHLIN, THOMAS | | NAME | | |
| STREET ADDRESS | 2000 N OCEAN BLVD 9, # 303 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GILLET, ANDRE | | NAME | | |
| STREET ADDRESS | 2000 N OCEAN BLVD 9, # 701 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | T | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | PIRRAGLIA, ANTHONY | | NAME | PIRRAGLIA, KAREN | |
| STREET ADDRESS | 2000 N OCEAN BLVD 9, #205 | | STREET ADDRESS | 2000 N OCEAN BLVD #205 | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | BOCA RATON, FL 33431 | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HARNETT, BERTRAM JUDGE | | NAME |  | |
| STREET ADDRESS | 2000 N OCEAN BLVD. # 303 | | STREET ADDRESS | | |
| CITY-ST-ZIP | BOCA RATON, FL 33431 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  7/14/06 361 368199 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

50022741



07072006 Chg-NP CR2E037 (4/06)