

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**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**



03062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-1955459** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GLICKMAN, LARRY Z**  
**301 YAMATO ROAD, SUITE 4150**  
**BOCA RATON, FL 33481**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	LOEB, KENNETH
STREET ADDRESS	2000 N OCEAN BLVD 9, # 206
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	P
NAME	MCLAUGHLIN, THOMAS
STREET ADDRESS	2000 N OCEAN BLVD 9, # 303
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	S
NAME	GILLET, ANDRE
STREET ADDRESS	2000 N OCEAN BLVD 9, # 701
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	T
NAME	SCHWELLINGEZ, GEROME
STREET ADDRESS	2000 N. OCEAN BLVD #402
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	VPD
NAME	HARNETT, BERTRAM JUDGE
STREET ADDRESS	2000 N OCEAN BLVD. # 303
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000980906  
 04/02/08-80069-014 61.25

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08  
 Date

561 392 0155  
 Daytime Phone #