

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90213 011 \*\*\*\*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

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUNT, COOK R MEHR &  
2200 CORPORATE BLVD N.W., STE 402  
2255 GLADES ROAD  
BOCA RATON FL 33431**

Name

**Miller & O'Neill, P.L.**

Street Address (P.O. Box Number is Not Acceptable)

**2300 Glades Road**

**Suite 400 East**

City

**Boca Raton**

**FL**

Zip Code

**33431**

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.

**Miller & O'Neill, P.L.**

SIGNATURE

*Lawrence J. Miller*

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

**Lawrence J. Miller, Managing Member**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-21-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>T REIFER, CHARLES 2000 N OCEAN BLVD #504 BOCA RATON FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR SONDRA REIFER 2000 N. OCEAN BLVD #504 BOCA RATON, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>* P GRELLINGER, JACQUELINE 2000 N OCEAN BLVD #405 BOCA RATON FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT JACQUELINE GRELLINGER 2000 N. OCEAN BLVD #405 BOCA RATON, FL 33431</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FARKS, PAUL 2000 N OCEAN BLVD #605 BOCA RATON FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY CAROL FARKAS #605 2000 N. OCEAN BLVD. BOCA RATON, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SANTHOUSE, JONATHAN 2000 N OCEAN BLVD. # PH 3 BOCA RATON FL 33431</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER RENDE FRENGUT 2000 N. OCEAN BLVD #102 BOCA RATON, FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD HARNETT, BERTRAM JUDGE 2000 N OCEAN BLVD. # 303 BOCA RATON FL 33431</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT JUDGE BERTRAM HARNETT 2000 N. OCEAN BLVD #303 BOCA RATON FL 33431</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/02)

12. 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 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: *Jacqueline Grellinger* **Jacqueline Grellinger 02/05/03 561 392-0155**