


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90081 004 ****61.25

DOCUMENT # N02000002073					
1. Entity Name BRIGHTWATER HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1699 US 1 SOUTH STE. D SAINT AUGUSTINE, FL 32084			Mailing Address 1699 US 1 SOUTH STE. D SAINT AUGUSTINE, FL 32084		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-3645375	
Zip		Country		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		
SMITH, DENZEL 7543 SCARLET IBIS LANE JACKSONVILLE, FL 32256			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, PATRICIA			NAME	
STREET ADDRESS	7527 SCARLET ISBIS LANE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, DONALD			NAME	D ED STARLING
STREET ADDRESS	7503 SCARLET IBIS LANE			STREET ADDRESS	7532 RED CRANE LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DENZEL			NAME	
STREET ADDRESS	7543 SCARLET IBIS LANE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAYES, JUDY			NAME	V DONNA HERRIN
STREET ADDRESS	10959 SUGAR CRANE COURT			STREET ADDRESS	7461 SCARLET IBIS LANE
CITY-ST-ZIP	JACKSONVILLE, FL 32256			CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, MARY			NAME	
STREET ADDRESS	7580 RED CRANE LANE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256			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 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: <i>Francis Marshall</i> <i>MARY C. MARSHALL 2-24-05</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					