2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002073

FILED Mar 26, 2008 Secretary of State

Entity Name: BRIGHTWATER HOMEOWNERS ASSOCIATION, INC.

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Current P	rincipal Place	of Business:		New Principal Place of Business:			
SUITE 110	NTRAL PKWY)3 VILLE, FL 322	24	11555 CENTRAL PKWY SUITE 801 JACKSONVILLE, FL 32224				
Current Mailing Address:				New Mailing Address:			
SUITE 110	NTRAL PKWY)3 VILLE, FL 322	24		11555 CENTRAL PKWY SUITE 801 JACKSONVILLE, FL 32224			
El Number:	: 05-3645375	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Statu	s Desired ()
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
11555 CEN SUITE 110 JACKSON	NTRAL PKWY)3 VILLE, FL 322		ourpose o	FIRST COAST ASSOCIATION MANAGEMENT LLC 11555 CENTRAL PKWY SUITE 801 JACKSONVILLE, FL 32224 US of changing its registered office or registered agent, or both,			
	e of Florida.		ı	0 0	J	J	, ,
SIGNATU	RE: MARGAR				03/26/2008	3	
	Electron	ic Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR			
Fitle: Name: Address: City-St-Zip:	S () FAULSTICH, DE 7592 RED CRA JACKSONVILLE	NE LN.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	P () HERRIN, DONN 7461 SCARLET JACKSONVILLE	IBIS LN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	V () FREIMAN, MAT 7596 RED CRA JACKSONVILLE	NE LN		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	T () HARRISON, BIL 7468 RED CRA JACKSONVILLE	NE LN.		Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () STARLING, ED 7532 RED CRA JACKSONVILLE			Title: Name: Address: City-St-Zip:	D () SOTTILE, DEE 7490 SCARLE JACKSONVILL	T IBIS LANE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET STOREY CFO 03/26/2008