


FILED
May 12, 2003 8:00 am
Secretary of State

03-26-2003 90158 033 ****61.25

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

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DOCUMENT # NO2000002073							
1. Entity Name BRIGHTWATER HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business 7785 BAYMEADOWS WAY, STE 200 JACKSONVILLE FL 32256			Mailing Address 7785 BAYMEADOWS WAY, STE 200 JACKSONVILLE FL 32256				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country		Zip			
Country		Country		Country			
4. FEI Number 05-3645375				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				58.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
INTRASTATE REGISTERED AGENT CORPORATION C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVE, STE 3000 MIAMI FL 33131-3209			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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)</small>							
FILE NOW: FEE IS \$61.25		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 checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MOLYNEUX, JOHN D		NAME	BRIAN GARBACZ			
STREET ADDRESS	7785 BAYMEADOWS WAY, STE 200		STREET ADDRESS	7785 BAYMEADOWS WAY, SUITE 200			
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, DAVID A		NAME				
STREET ADDRESS	7785 BAYMEADOWS WAY, STE 200		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHAEDEL, LINDA A		NAME				
STREET ADDRESS	7785 BAYMEADOWS WAY, STE 200		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				
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				
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)(f), 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 917, 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 REQUIRED		<i>Linda A Schaechel</i> 5/8/03 3/20/03 904-733-7300					
<small>REGULATIONS AND TYPED OR PRINTED NAME BY REGISTERED OFFICER OR DIRECTOR</small>							

CR20037 (10/02)