


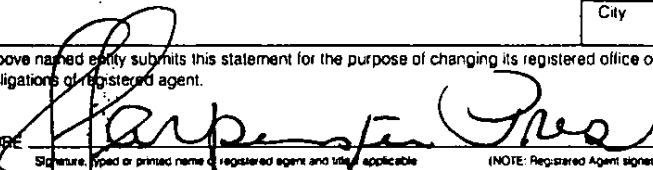
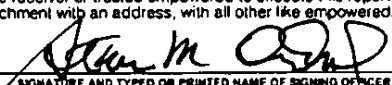
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

05-01-2007 90014 020 ****61.25
N06000005399

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06000005399					
1. Entity Name BRIGHTON LANDINGS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			
5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819		5401 S. Kirkman Rd., Ste. 450 Orlando, FL 32819			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03012007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of Non-Resident Agent		
STEPHAN, REINHARD O ESQ. 241 S. WESTMONTE DRIVE #1010 ALTAMONTE SPRINGS, FL 32714			Name Street A City		
			Community Management Professionals, Inc. 5401 S. Kirkman Rd., Ste. 450 Orlando, FL, 32819		
			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 		7-16-07		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'DOWD, STEVEN	NAME			
STREET ADDRESS	1155 S. SEMORAN BLVD. #1120	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP			
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HISS, STEVE	NAME			
STREET ADDRESS	1155 S. SEMORAN BLVD. #1120	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ, DENIS	NAME			
STREET ADDRESS	1155 S. SEMORAN BLVD. #1120	STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32792	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 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: 		04/10/07		407-571-4336	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
Steven M. O'Dowd					

