

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Aug 18, 2009
Secretary of State**

DOCUMENT# N06000005399

Entity Name: BRIGHTON LANDINGS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**5401 S KIRKMAN RD.
STE 450
ORLANDO, FL 32819**New Principal Place of Business:****Current Mailing Address:**5401 S KIRKMAN RD.
STE 450
ORLANDO, FL 32819**New Mailing Address:**

FEI Number: 26-1420126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 S KIRKMAN RD.,
STE 450
ORLANDO, FL 32819 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: O'DOWD, STEVEN
Address: 1155 S. SEMORAN BLVD. #1120
City-St-Zip: WINTER PARK, FL 32792Title: VT () Delete
Name: HISS, STEVE
Address: 1155 S. SEMORAN BLVD. #1120
City-St-Zip: WINTER PARK, FL 32792Title: S () Delete
Name: PEREZ, DENIS
Address: 1155 S. SEMORAN BLVD. #1120
City-St-Zip: WINTER PARK, FL 32792**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: LAWSON, ROB
Address: 5850 T.G. LEE BLVD, STE. 600
City-St-Zip: ORLANDO, FL 32822Title: VP (X) Change () Addition
Name: INGHGRAM, GREGG
Address: 5850 T.G. LEE BLVD. STE 600
City-St-Zip: ORLANDO, FL 32822Title: S/T (X) Change () Addition
Name: MAHON, CHRISTINA
Address: 5850 T.G. LEE BLVD. STE. 600
City-St-Zip: ORLANDO, FL 32822

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: ROB LAWSON

P

08/18/2009

Electronic Signature of Signing Officer or Director

Date