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04-26-1999 90157 002 ****61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1999

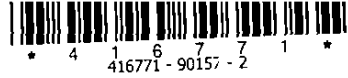


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004996

1. Corporation Name

BRIGHTON'S MEADOW LANDINGS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

4073 SW 147TH PL
SUITE 400
MIAMI FL 33126
US

Mailing Address

7200 NW 7TH ST
3RD FL
MIAMI FL 33126
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

09/26/1996

4. FEI Number

65-0792828

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

LEOPOLD, NORMAN
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STIEGELE, ROBERT
STREET ADDRESS 815 N. RED ROAD, SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE VSD
NAME RAMOS, LISA
STREET ADDRESS 815 N. RED ROAD, SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE VTD
NAME MENSCH, CHARLES
STREET ADDRESS 815 N. RED ROAD, SUITE 400
CITY-ST-ZIP MIAMI FL 33126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 7200 N. W. 7th Street Suite 300
1.4 CITY-ST-ZIP MIAMI, FL 33126

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 7200 N. W. 7th Street Suite 300
2.4 CITY-ST-ZIP MIAMI, FL 33126

3.1 TITLE Change Addition
3.2 NAME VTD
3.3 STREET ADDRESS RABIN, Michael
3.4 CITY-ST-ZIP 7200 N. W. 7th Street Suite 300
MIAMI, FL 33126

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Robert Stiegele ROBERT STIEGELE / PRESIDENT (305) 262-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)