

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2002 8:00 am
Secretary of State

08-12-2002 90011 042 ***175.00

DOCUMENT # N98000004922

1. Entity Name

**BRIGHTON POINTE ESTATES HOMEOWNER'S ASSOCIATION
 OF POLK COUNTY, INC.**

Principal Place of Business

Mailing Address

4900 FRONTAGE ROAD S.
 LAKELAND FL 33815

4900 FRONTAGE ROAD S.
 LAKELAND FL 33815

98674

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1012177

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRONIN, GLENDA G
 4900 FRONTAGE ROAD S.
 LAKELAND FL 33815

Name

Ed. Ladierer

Street Address (P.O. Box Number is Not Acceptable)

2000 E. Edgewood Dr Ste 103

City Lakeland

FL

Zip Code

33803

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
 min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
 NAME FONTAINE, PETER J
 STREET ADDRESS 4900 FRONTAGE ROAD S.
 CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ Change ☒ Addition
 NAME Connie Parenti
 STREET ADDRESS 2000 E Edgewood Dr Ste 103
 CITY-ST-ZIP Lakeland FL 33803

TITLE SD ☒ Delete
 NAME CRONIN, GLENDA G
 STREET ADDRESS 4900 FRONTAGE ROAD S.
 CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ Change ☒ Addition
 NAME Dion Koch
 STREET ADDRESS 2000 E Edgewood Dr Ste 103
 CITY-ST-ZIP Lakeland FL 33803

TITLE D ☒ Delete
 NAME STANFORD, CINDY
 STREET ADDRESS 4900 FRONTAGE ROAD S.
 CITY-ST-ZIP LAKELAND FL 33815

TITLE ☐ Change ☒ Addition
 NAME Kay Elliott
 STREET ADDRESS PO Box 5284
 CITY-ST-ZIP Lakeland FL 33807-5284

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(i), 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Connie Parenti

7/25/02

Date

Daytime Phone #

CR2E037 (4/02)