

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 JUN 22 11 9:49

DOCUMENT # N98000004922 1. Entity Name BRIGHTON POINTE ESTATES HOMEOWNER'S ASSOCIATION OF POLK COUNTY, INC.			
Principal Place of Business 2000 E. EDGEWOOD STE 103 LAKELAND, FL 33803		Mailing Address 2000 E. EDGEWOOD STE 103 LAKELAND, FL 33803	
2. Principal Place of Business <i>P.O. Box 1922</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 1922</i> Suite, Apt. #, etc.	
City & State AUBURNDALE FL		City & State AUBURNDALE FL	
4. FEI Number 33-1012177		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LADERER, ED 2000 E EDGEWOOD DR STE 103 LAKELAND, FL 33803		7. Name and Address of New Registered Agent Name WILLIAM C. ANDERSON Street Address (P.O. Box Number is Not Acceptable) 113 BRIGHTON WAY City AUBURNDALE FL Zip Code 33823	
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 <i>William C. Anderson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		WILLIAM C. ANDERSON PRESIDENT <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Amended AR 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 SD NAME KOCH, DION STREET ADDRESS 2000 E EDGEWOOD DR STE 103 CITY-ST-ZIP LAKELAND, FL 33803	<input checked="" type="checkbox"/> Delete	TITLE PD NAME WILLIAM C ANDERSON STREET ADDRESS 113 BRIGHTON WAY CITY-ST-ZIP AUBURNDALE FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME KWON, SANG HUI STREET ADDRESS 2000 E EDGEWOOD DR STE 103 CITY-ST-ZIP LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE VD NAME JAMES SCHMIDT STREET ADDRESS 106 BRIGHTON CIRCLE CITY-ST-ZIP AUBURNDALE FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME LADERER, JR, EDWARD H STREET ADDRESS 2000 E EDGEWOOD DR STE 103 CITY-ST-ZIP LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE VD NAME BOB HOLLENSHEAD STREET ADDRESS 115 BRIGHTON CIRCLE CITY-ST-ZIP AUBURNDALE FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE SD NAME JERRY PETERSON STREET ADDRESS 119 BRIGHTON CIRCLE CITY-ST-ZIP AUBURNDALE FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE TD NAME LAURENCE CALLAHAN STREET ADDRESS 130 BRIGHTON CIRCLE CITY-ST-ZIP AUBURNDALE FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	200056632892 06/29/05--01004--001 **\$61.25	
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: <i>William C. Anderson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 6/18/05 Daytime Phone # 407-421-0783	