

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004922

FILED
Jan 15, 2007
Secretary of State

Entity Name: BRIGHTON POINTE ESTATES HOMEOWNER'S ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

POST OFFICE BOX 1922
AUBURNDALE, FL 338231922

New Principal Place of Business:

130 BRIGHTON CIRCLE
AUBURNDALE, FL 33823

Current Mailing Address:

POST OFFICE BOX 1922
AUBURNDALE, FL 338231922

New Mailing Address:

FEI Number: 33-1012177 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEHNING, CARL
135 BRIGHTON CIRCLE
AUBURNDALE, FL 33823 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: PD () Delete
Name: LEHNING, CARL PD
Address: 135 BRIGHTON CIRCLE
City-St-Zip: AUBURNDALE, FL 33823

Title: VD () Delete
Name: PIGG, GENE VD
Address: 107 BRIGHTON CIRCLE
City-St-Zip: AUBURNDALE, FL 33823

Title: SD () Delete
Name: CALLAHAN, LAURENCE R SECT/TR
Address: 130 BRIGHTON CIRCLE
City-St-Zip: AUBURNDALE, FL 33823

Title: SGT () Delete
Name: LOPEZ, THAD SGT
Address: P.O. BOX 292
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL LEHNING

PD

01/15/2007

Electronic Signature of Signing Officer or Director

Date