

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90176 050 ****61.25

UBR025

DOCUMENT # N98000004922



1. Entity Name

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

Principal Place of Business

4900 FRONTAGE ROAD S.
LAKELAND FL 33815

Mailing Address

4900 FRONTAGE ROAD S.
LAKELAND FL 33815

2. Principal Place of Business

2000 E Edgewood Dr

Suite, Apt. #, etc.

Suite 103

City & State

Lakeland, FL

Zip

33803

Country

3. Mailing Address

2000 E Edgewood Dr

Suite, Apt. #, etc.

Suite 103

City & State

Lakeland, FL

Zip

33803

Country



CHECK HERE IF MAKING CHANGES

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

LADERER, ED
2000 E EDGEWOOD DR STE 103
LAKELAND FL 33803

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	PARENTI, CONNIE	2000 E EDGEWOOD DR STE 103	LAKELAND FL 33803	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	KOCH, DION	2000 E EDGEWOOD DR STE 103	LAKELAND FL 33803	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	ELLIOT, KAY	PO BOX 5284	LAKELAND FL 33807-5284	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 Parenti

CR2E037 (10/02)