

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90059 013 \*\*\*\*61.25

**DOCUMENT # 743839**

1. Entity Name

**THE BRIGHTON CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**BRIGHTON CONDO MINIMUM ASS INC**  
**2000 NORTH OCEAN BLVD**  
**BOCA RATON FL 33431**

Mailing Address

**BRIGHTON CONDO MINIMUM ASS INC**  
**2000 NORTH OCEAN BLVD**  
**BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1955459**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HUNT, COOK R MEHR &**  
**2200 CORPORATE BLVD N.W., STE 402**  
**2255 GLADES ROAD**  
**BOCA RATON FL 33431****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.

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**  
**Department of State****10. OFFICERS AND DIRECTORS**

TITLE NAME	<b>STD</b> <b>CLEMENTE, THOMAS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2000 N OCEAN BLVD #502</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE NAME	<b>TD</b> <b>SCHWARTZ, FRITZI</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2000 N. OCEAN BLVD., #201</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE NAME	<b>TD</b> <b>CLEMENTE, THOMAS</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2000 N OCEAN BLVD. # 502</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE NAME	<b>D</b> <b>SCHWARTZ, FRITZI</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>2000 N OCEAN BLVD. # 201</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE NAME	<b>PD</b> <b>SANTHOUSE, JONATHAN</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2000 N OCEAN BLVD. # PH 3</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	
TITLE NAME	<b>VPD</b> <b>HARNETT, BERTRAM JUDGE</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>2000 N OCEAN BLVD. # 303</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>	

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

TITLE NAME	<b>T</b> <b>CHARLES REIFER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2000 N. OCEAN BLVD # 504</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
TITLE NAME	<b>S</b> <b>JACQUELINE GREILINGER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>2000 N. OCEAN BLVD. # 405</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
TITLE NAME	<b>D</b> <b>PAUL FARKAS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>2000 N. OCEAN BLVD #605</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL 33431</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/02 561-392-0155

CR2E037 (9/01)