2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# 254170

Entity Name: BRIGHTWATERS TOWER OF SNELL ISLE INC

Current Principal Place of Business:

1365 SNELL ISLE BLVD N E
ST PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

5901 SUN BLVD.
SUITE 200
ST. PETERSBURG, FL 33715

New Mailing Address:

FEI Number: 59-0948504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESOURCE PROPERTY MGMT
5901 SUN BLVD.
SUITE 200
ST. PETERSBURG, FL 33715 US

Name and Address of New Registered Agent:

RESOURCE PROPERTY MANAGEMENT
5901 SUN BLVD.
SUITE 200
ST. PETERSBURG, FL 33715 US

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: PETER DILTS, CMCA 04/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FLEMING, BETSY
Address: 1365 SNELL ISLE BLVD # 3B
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VP ( ) Delete
Name: HEMPEL, DEBRA
Address: 1365 SNELL ISLE BLVD # 7E
City-St-Zip: ST. PETERSBURG, FL 33704

Title: S ( ) Delete
Name: STAAT, PAT
Address: 1365 SNELL ISLE BLVD # 1A
City-St-Zip: ST. PETERSBURG, FL 33704

Title: T ( ) Delete
Name: CUSHNA, BRUCE
Address: 1365 SNELL ISLE BLVD # 7A
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D (X) Delete
Name: GRECO, DENNIS
Address: 1365 SNELL ISLE BLVD # 3C
City-St-Zip: SAINT PETERSBURG, FL 33704

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STAAT, PAT
Address: 1365 SNELL ISLE BLVD # 1A
City-St-Zip: ST. PETERSBURG, FL 33704

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

Title: S (X) Change ( ) Addition
Name: MARTIN, SANDY
Address: 1365 SNELL ISLE BLVD # 3A
City-St-Zip: ST. PETERSBURG, FL 33704

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER DILTS, CMCA MGR 04/06/2009
Electronic Signature of Signing Officer or Director Date