FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732940 (2)

1. Corporation Name

BRIGHTON VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
100 KETTERING WAY ORANGE PARK FL 32073	%BECKEN PROPERTY MANAGEMENT P.O. BOX 2831 ORANGE PARK FL 21067-2831

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1975
3a. Date of Last Report: 02/15/1994
4. FEI Number: 59-1841123 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PERSING, BECKY
1783 BARTLETT AVE.
ORANGE PARK FL 32073

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☑ Addition
NAME	~~ASTON, MICHAEL~~	12 NAME	Don Baugh	
STREET ADDRESS	~~220 KETTERING TERRACE~~	13 STREET ADDRESS	203 Kettering Court	
CITY-ST-ZIP	~~ORANGE PARK FL 32073~~	14 CITY-ST-ZIP	Orange Park, Fla. 32073	
TITLE	TD	21 TITLE	TD	☑ Change ☐ Addition
NAME	~~ROSS, WILLIAM~~	22 NAME	Cynthia Fitch	
STREET ADDRESS	~~201 KETTERING WAY~~	23 STREET ADDRESS	401 Kettering Way	
CITY-ST-ZIP	~~ORANGE PARK FL 32073~~	24 CITY-ST-ZIP	Orange Park, Fla 32073	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BALDWIN, AUDREY	32 NAME		
STREET ADDRESS	405 KETTERING CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	WIGGINS, LYNDA	42 NAME		
STREET ADDRESS	403 KETTERING WAY	43 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GREENS, MAVIS	52 NAME		
STREET ADDRESS	101 KETTERING WAY	53 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cynthia J. Fitch 3-8-95 904-361-2240
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Cynthia J. Fitch

0092444