

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mothman
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified **06/03/1975** 3a. Date of Last Report **04/17/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 100 Kettering Way	59-1841123	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	
23	28 Orange Park FL	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Zip		
24	29 32073	30 U.S.A.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERSING, BECKY
1783 BARTLETT AVE.
ORANGE PARK FL 32073

81 Name	LYNDA WIGGINS
82 Street Address (P.O. Box Number is Not Acceptable)	403 Kettering Way
83	
84 City	Orange Park FL
85 Zip Code	32073

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **LYNDA WIGGINS (PRES)** *Lynda R Wiggins* **4/17/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BAUGH, DON	1.2 NAME	LYNDA WIGGINS
STREET ADDRESS	203 KETTERING COURT	1.3 STREET ADDRESS	403 Kettering Way
CITY-ST-ZIP	ORANGE PARK FL	1.4 CITY-ST-ZIP	Orange Park FL 32073
TITLE	TD	2.1 TITLE	TD
NAME	FITCH, CYNTHIA	2.2 NAME	CYNTHIA FITCH
STREET ADDRESS	401 KETTERING WAY	2.3 STREET ADDRESS	401 Kettering Way
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	SD	3.1 TITLE	SD
NAME	BALDWIN, AUDREY	3.2 NAME	AUDREY BALDWIN
STREET ADDRESS	405 KETTERING CIRCLE	3.3 STREET ADDRESS	405 Kettering Way
CITY-ST-ZIP	ORANGE PARK FL 32073	3.4 CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	D	4.1 TITLE	VP
NAME	WIGGINS, LYNDA	4.2 NAME	ANNE VILLALVA
STREET ADDRESS	403 KETTERING WAY	4.3 STREET ADDRESS	305 Kettering Terrace
CITY-ST-ZIP	ORANGE PARK FL 32073	4.4 CITY-ST-ZIP	Orange Park FL 32073
TITLE	D	5.1 TITLE	
NAME	GREENS, MAVS	5.2 NAME	
STREET ADDRESS	101 KETTERING WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: *Lynda R Wiggins* **4/17/96** **904-272-3040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

4/24/96