


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

04-12-2004 90267 039 ****70.00

DOCUMENT # 732940

1. Entity Name
BRIGHTON VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1732 KINGSLEY AVE,
 STE 202
 ORANGE PARK, FL 32073**

Mailing Address
**1732 KINGSLEY AVE
 STE 202
 ORANGE PARK, FL 32073**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

66429406



03162004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1841123

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PERRY, ALAN
 1732 KINGSLEY AVE
 STE 202
 ORANGE PARK, FL 32073**

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

**Filing Fee is \$61.25
 Due by May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODENBURGH, JOANNE 106 KETTERING WAY ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINK, DONALD 406 KETTERING WAY ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PICKETTE, STEVE 103 KETTERING WAY ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUNN, ROGER 1815 HARBOR ISLAND DRIVE ORANGE PARK, FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, CAROL 205 KETTERLING COURT ORANGE PARK, FL 32073	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVID Reid 223 Kettering way Orange Park FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DN Debra Salazar 220 Kettering Way Orange Park FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 powers.

SIGNATURE: *[Signature]* **4-7-4** Date Daytime Phone #

Attachment 66429406

Professional Community Management, Inc.

July 2, 2004

Florida Department of State
Division Of Corporations
P.O. Box 1500
Tallahassee, Fl. 32314

Subject: Brighton Village Condominium Association, Inc.

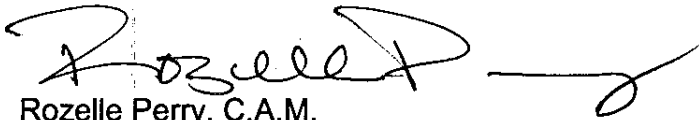
RE: Uniform Business Report / Ref #732940

Enclose find the Uniform Business Report copy reflecting the correction of the officer position for the president.

Please excuse the delay in processing this request. It was advertantly file away without being corrected.

Contact our office with any questions at (904) 278-9999.

Respectfully,



Rozelle Perry, C.A.M.
Professional Community Mgmt., Inc.