


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90056 037 ****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

00034000



2. Principal Place of Business
 Suite, Apt. #, etc.
 Professional Community Mgt. Inc.
 786 Blanding Blvd. #118
 Orange Park, FL 32065

3. Mailing Address
 Suite, Apt. #, etc.
 Professional Community Mgt. Inc.
 786 Blanding Blvd. #118
 Orange Park, FL 32065

4. FEI Number
59-1841123

Applied For
 Not Applicable

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

01212005 Chg-NP CR2E037 (10/03)

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 No.)
 City
 State: **FL** Zip Code

*Alan Perry
 786 Blanding Blvd. #118
 Orange Park, FL 32065*

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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	#	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODENBURGH, JOANNE		NAME		
STREET ADDRESS	106 KETTERING WAY		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINK, DONALD		NAME		
STREET ADDRESS	406 KETTERING WAY		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, DAVID		NAME		
STREET ADDRESS	223 KETTERING WAY		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNN, ROGER		NAME		
STREET ADDRESS	1815 HARBOR ISLAND DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, DEBRA		NAME		
STREET ADDRESS	220 KETTERING WAY		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Joanne Rodenburg* **3-24-05** **646-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #