

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90859 036 ****70.00



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|--|------------------------------------|---|---|---|--|
| DOCUMENT # 732940 | | | | 1. Entity Name BRIGHTON VILLAGE CONDOMINIUM ASSOCIATION, INC. | |
| Principal Place of Business PROFESSIONAL COMMUNITY MGT, INC 786 BLANDING BLVD, #118 ORANGE PARK, FL 32065 | | Mailing Address PROFESSIONAL COMMUNITY MGT, INC 786 BLANDING BLVD, #118 ORANGE PARK, FL 32065 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 02222007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1841123 Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| PERRY, ALAN 786 BLANDING BLVD, #118 ORANGE PARK, FL 32065 | | | | 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, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | SDV <input checked="" 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 | DT <input type="checkbox"/> Delete | TITLE | <input 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 | DP <input type="checkbox"/> Delete | TITLE | D <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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | Betty Zibart | | |
| STREET ADDRESS | | STREET ADDRESS | 761 Duart Dr | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | Orange Park Fl. 32073 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | Mavis Greene | | |
| STREET ADDRESS | | STREET ADDRESS | 101 Kettering Way | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | Orange Park Fl 32073 | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | NAME | Pattiera Cruee | | |
| STREET ADDRESS | | STREET ADDRESS | 2780 Admirals Walk Dr. E. | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | Orange Park Fl 32073 | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ Date: 4/27/07 Daytime Phone # _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |