

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732940

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: BRIGHTON VILLAGE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

PROFESSIONAL COMMUNITY MGT, INC  
786 BLANDING BLVD, #118  
ORANGE PARK, FL 32065

## New Principal Place of Business:

786 BLANDING BLVD  
#118  
ORANGE PARK, FL 32065

## Current Mailing Address:

PROFESSIONAL COMMUNITY MGT, INC  
786 BLANDING BLVD, #118  
ORANGE PARK, FL 32065

## New Mailing Address:

786 BLANDING BLVD  
#118  
ORANGE PARK, FL 32065

FEI Number: 59-1841123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PERRY, ALAN  
786 BLANDING BLVD, #118  
ORANGE PARK, FL 32065 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DV ( ) Delete  
Name: RODENBERG, JOANNE  
Address: 405 KETTERING WAY  
City-St-Zip: ORANGE PARK, FL 32073

Title: DT ( ) Delete  
Name: SWINK, DONALD  
Address: 406 KETTERING WAY  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: ZIBART, BETTY  
Address: 761 DUART DR  
City-St-Zip: ORANGE PARK, FL 32073

Title: DS ( ) Delete  
Name: GREENE, MAVIS  
Address: 101 KETTERING WAY  
City-St-Zip: ORANGE PARK, FL 32073

Title: DP (X) Delete  
Name: CRUCE, PATRICIA  
Address: 2780 ADMIRALS WALK DR E  
City-St-Zip: ORANGE PARK, FL 32073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: RODENBERG, JOANNE  
Address: 405 KETTERING WAY  
City-St-Zip: ORANGE PARK, FL 32073

Title: VPD (X) Change ( ) Addition  
Name: CRUCE, PATRICIA  
Address: 2780 ADMIRALS WALK DR E  
City-St-Zip: ORANGE PARK, FL 32073

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN PERRY

RA

02/17/2009

Electronic Signature of Signing Officer or Director

Date