


FILE NOW: FILING FEE IS \$61.25

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Apr 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743839 (3)
1. Corporation Name
THE BRIGHTON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business BRIGHTON CONDO MINIMUM ASS INC 2000 NORTH OCEAN BLVD BOCA RATON FL 33431	Mailing Address BRIGHTON CONDO MINIMUM ASS INC 2000 NORTH OCEAN BLVD BOCA RATON FL 33431-7825
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1978		3a. Date of Last Report 03/08/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-1955459		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent WEISS & HANDLER, P A HANDLER, HENRY, B 2255 GLADES ROAD BOCA RATON FL 33431				10. Name and Address of New Registered Agent 81. Name Hunt, Cook, Riggs, Mehr & Miller PA. 82. Street Address (P.O. Box Number is Not Acceptable) 2200 Corporate Blvd. N.W. Ste. 401 83. 84. City Boca Raton FL 85. Zip Code 33431			
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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 *James Miller*, Vice Pres Riggs, Mehr & Miller, PA. DATE **3-9-97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P D	<input type="checkbox"/> DELETE		1.1 TITLE	P D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARKAS, PAUL			1.2 NAME	Farkas, Paul		
STREET ADDRESS	2000 N. OCEAN BLVD., #605			1.3 STREET ADDRESS	2000 N. Ocean Blvd 605		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	Boca Raton, FL 33431		
TITLE	SDT	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, DOROTHY			2.2 NAME	Fritzi Schwartz		
STREET ADDRESS	2000 N OCEAN BLVD #PH6			2.3 STREET ADDRESS	2000 N. Ocean Blvd. #201		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP	Boca Raton, FL 33431		
TITLE	VP D	<input type="checkbox"/> DELETE		3.1 TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRENGRUT, DR R			3.2 NAME	Frengrut, Dr. R.		
STREET ADDRESS	2000 NORTH OCEAN BLVD, #102			3.3 STREET ADDRESS	2000 N. Ocean Blvd 102		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP	Boca Raton, FL 33431		
TITLE	T D	<input type="checkbox"/> DELETE		4.1 TITLE	T D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REIFER, CHARLES			4.2 NAME	Reifer, Charles		
STREET ADDRESS	2000 NORTH OCEAN BLVD, #504			4.3 STREET ADDRESS	2000 N. Ocean Blvd 504		
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP	Boca Raton, FL 33431		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 *James Miller* DATE **3-9-97**

CR2E037 (9/96)