

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-19-2001 90262 040 ****61.25

DOCUMENT # 743839

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1955459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, COOK R MEHR &
 2200 CORPORATE BLVD N.W., STE 402
 2255 GLADES ROAD
 BOCA RATON FL 33431

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **STD** ☐ Delete
 NAME **CLEMENTE, THOMAS**
 STREET ADDRESS **2000 N OCEAN BLVD #502**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **TD** ☐ Delete
 NAME **SCHWARTZ, FRITZI**
 STREET ADDRESS **2000 N. OCEAN BLVD., #201**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **PD** ☒ Delete
 NAME **REIFER, CHARLES**
 STREET ADDRESS **2000 N. OCEAN BLVD., #504**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE **D** ☒ Delete
 NAME **SCHWELLINGER, JEROME**
 STREET ADDRESS **2000 N OCEAN BLVD #402**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Treasurer D** ☐ Change ☒ Addition
 NAME **Clemente, Thomas**
 STREET ADDRESS **2000 N. Ocean blvd. #502**
 CITY-ST-ZIP **Boca Raton, Fl 33431**

TITLE **Sec. D** ☐ Change ☒ Addition
 NAME **Schwartz, Fritzi**
 STREET ADDRESS **2000 N. Ocean Blvd. #201**
 CITY-ST-ZIP **Boca Raton, Fl 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President D** ☐ Change ☒ Addition
 NAME **Santhouse, Jonathan**
 STREET ADDRESS **2000 N. Ocean bovd #PH3**
 CITY-ST-ZIP **Boca Raton, Fl 33431**

TITLE **V. Pres. D** ☐ Change ☒ Addition
 NAME **Judge Bertram Harnett**
 STREET ADDRESS **2000 N. Ocean Blvd. #303**
 CITY-ST-ZIP **Boca Raton, Fl 33431**

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 817, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Santhouse 2-15-01 392-0155

Date

Daytime Phone #

CR2E037 (10/00)