

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90003 013 ****61.25

DOCUMENT # 758825

1. Entity Name

**BRIGHTWATER BEACH CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business

**175 55TH AVE
SAINT PETERSBURG, FL 33706 US**

Mailing Address

**175 55TH AVE
SAINT PETERSBURG, FL 33706 US**

40050517



02142007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2117007

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE WRIGHT WAY MANAGEMENT, INC.
2215 73RD STREET EAST
13
PALMETTO, FL 34221**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MINUTO, MICHAEL
175 55TH AVE #106
SAINT PETERSBURG, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
MURRAY, RAY
175 55TH AVE, # 208
ST. PETE BCH, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TEMPLE, CARL (BUD)
987 LAKESHORE DR
CINCINNATI, OH 45231**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DIGENNARO, STEVE
175 55TH AVE #105
SAINT PETERSBURG, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
HOLLANDS, VANNA
175 55TH AVE #102
SAINT PETERSBURG, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY MURRAY

Date

3/1/07 VP

Daytime Phone #