


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

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000001596 1. Entity Name THE BRIGHTON OAKS PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 7077 BRIGHTON OAKS BLVD NAVARRE, FL 32566	Mailing Address 7077 BRIGHTON OAKS BLVD NAVARRE, FL 32566
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03222007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2670152	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COTTON, JANEL C 7077 BRIGHTON OAKS BLVD NAVARRE, FL 32566

**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	P COTTON, JANELLE 7077 BRIGHTON OAKS BLVD NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWRENCE, EUGENE A 1005 BRIGHTON OAKS BLVD NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUWER, THEODORE E 7046 BRIGHTON OAKS BLVD NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, BRIAN G 7006 BRIGHTON OAKS BLVD NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M COURTERIER, PENNY L 6993 BRIGHTON OAKS BLVD NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BARTLETT, CHRISTINE 7071 BRIGHTON OAKS BLVD NAVARRE, FL 32566

U000000679189
04/03/07-80027-016 61.25

**DO NOT WRITE
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:

Eugene A. Lawrence 22 Mar 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(850) 936-4049
Date Daytime Phone #