


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90029 010 ****61.25

DOCUMENT # N00000001596 1. Entity Name THE BRIGHTON OAKS PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 7077 BRIGHTON OAKS BLVD NAVARRE, FL 32566		Mailing Address 7077 BRIGHTON OAKS BLVD NAVARRE, FL 32566	
2. Principal Place of Business - No P.O. Box # 6951 Brighton Oaks Blvd Suite, Apt. #, etc.		3. Mailing Address 6951 Brighton Oaks Blvd Suite, Apt. #, etc.	
City & State Navarre, FL		City & State Navarre, FL	
Zip 32566	Country	Zip 32566	Country
4. FEI Number 58-2670152		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COTTON, JANEL C 7077 BRIGHTON OAKS BLVD NAVARRE, FL 32566		7. Name and Address of New Registered Agent Name Barnett, Monty J Street Address (P.O. Box Number is Not Acceptable) 6951 Brighton Oaks Blvd City Navarre, FL Zip Code 32566	
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 <u>Monty J. Barnett</u> x <u>Monty J. Barnett</u> 28 Feb 08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTTON, JANELLE 7077 BRIGHTON OAKS BLVD NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barnett, Monty J 6951 Brighton Oaks Blvd. Navarre, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWRENCE, EUGENE A 1005 BRIGHTON OAKS BLVD NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Davidson, Billy R 7053 Brighton Oaks Blvd. Navarre, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V YOUWER, THEODORE E 7046 BRIGHTON OAKS BLVD NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Courterier, Raymond 6993 Brighton Oaks Blvd Navarre, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, BRIAN G 7006 BRIGHTON OAKS BLVD NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Sanders, Raymond R. 6999 Brighton Oaks Blvd. Navarre, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M COURTIER, PENNY L 6993 BRIGHTON OAKS BLVD NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	X Grodentker, Charles E. 6957 Brighton Oaks Blvd Navarre, FL 32566 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BARTLETT, CHRISTINE 7071 BRIGHTON OAKS BLVD NAVARRE, FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Billy R. Davidson</u> <u>Billy R. Davidson (Treasurer)</u> 28 Feb 08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			