

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001596

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** THE BRIGHTON OAKS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7053 BRIGHTON OAKS BLVD.  
NAVARRE, FL 32566 US

**New Principal Place of Business:**

**Current Mailing Address:**

7053 BRIGHTON OAKS BLVD.  
NAVARRE, FL 32566 US

**New Mailing Address:**

**FEI Number:** 58-2670152

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIDSON, BILLY R  
7053 BRIGHTON OAKS BLVD.  
NAVARRE, FL 32566 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** DAVIDSON, BILLY R  
**Address:** 7053 BRIGHTON OAKS BLVD.  
**City-St-Zip:** NAVARRE, FL 32566 US

**Title:** T  
**Name:** SANDERS, ANITA A  
**Address:** 6999 BRIGHTON OAKS BLVD.  
**City-St-Zip:** NAVARRE, FL 32566 US

**Title:** V  
**Name:** ALBUQUERQUE, ERIN  
**Address:** 6964 BRIGHTON OAKS BLVD  
**City-St-Zip:** NAVARRE, FL 32566 US

**Title:** S  
**Name:** ROBINSON, BRIAN  
**Address:** 7006 BRIGHTON OAKS BLVD  
**City-St-Zip:** NAVARRE, FL 32566 US

**Title:** M  
**Name:** MARCHETTO, MARION H  
**Address:** 7029 BRIGHTON OAKS BLVD  
**City-St-Zip:** NAVARRE, FL 32566 US

**Title:** M  
**Name:** SMITH, RACHAEL C  
**Address:** 7035 BRIGHTON OAKS BLVD.  
**City-St-Zip:** NAVARRE, FL 32566 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ANITA A. SANDERS

TREA

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date