

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90029 036 ****61.25

DOCUMENT # N03000003292 1. Entity Name BRIGHTWATER TOWNHOMES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 200-208 BRIGHTWATER DR. 200 BRIGHTWATER DR. #11 CLEARWATER, FL 33767				Mailing Address PO BOX 3776 CLEARWATER, FL 33767	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0651802	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MILLER, LARRY J 205 BRIGHTWATER DRIVE 402 CLEARWATER, FL 33767				Name ROBERT LAFFERTY Street Address (P.O. Box Number is Not Acceptable) 200 BRIGHTWATER DRIVE, #11 CLEARWATER FL 33767	
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><i>Robert Lafferty</i></u> 3/28/08 <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. PROPOSITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COMBS, TIM		NAME	NADGE McCLURE	
STREET ADDRESS	2265 SEDGEWICK DRIVE		STREET ADDRESS	200 BRIGHTWATER DR. #1	
CITY-ST-ZIP	COLUMBUS, OH 43220		CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLER, LARRY J		NAME	BILL LEDING	
STREET ADDRESS	205 BRIGHTWATER DRIVE, # 402		STREET ADDRESS	200 BRIGHTWATER DR. #3	
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP	CLEARWATER, FL 33767	
TITLE	S/TR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAFFERTY, ROBERT		NAME		
STREET ADDRESS	200 BRIGHTWATER DRIVE # 1		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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><i>Nadgy McClure</i></u> 3/28/08 727.452.6782 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					