

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003292

FILED
Mar 31, 2009
Secretary of State

Entity Name: BRIGHTWATER TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

200-208 BRIGHTWATER DR.
CLEARWATER, FL 33767

New Principal Place of Business:

200 BRIGHTWATER DRIVE
11
CLEARWATER, FL 33767

Current Mailing Address:

PO BOX 3776
CLEARWATER, FL 33767

New Mailing Address:

200 BRIGHTWATER DRIVE
1
CLEARWATER, FL 33767

FEI Number: 20-0651802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAFFERTY, ROBERT
200 BRIGHT WATER DRIVE, #11
CLEARWATER BEACH, FL 33767 US

Name and Address of New Registered Agent:

LAFFERTY, ROBERT
200 BRIGHT WATER DRIVE
11
CLEARWATER BEACH, FL 33767 US

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:

03/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCLURE, MADGE
Address: 200 BRIGHT WATER DR. #1
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: VP () Delete
Name: LEDING, BILL
Address: 200 BRIGHTWATER DR. #3
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: S/TR () Delete
Name: LAFFERTY, ROBERT
Address: 200 BRIGHTWATER DRIVE # 1
City-St-Zip: CLEARWATER BEACH, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MADGE MCCLURE

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date