2006 NOT-FOR-PROFIT CORPORATION

Apr 17, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N03000003936 04-17-2006 90358 028 ****61.25 BRIGHTWATER COVE HOMEOWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address 40050231 124-130 BRIGHTWATER DRIVE 140 ISLAND WAY CLEARWATER BEACH, FL 33767 **SUITE 193** CLEARWATER BEACH, FL 33767 2. Principal Place of Business Suite, Apt. #, etc. 04132006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registe 7. Name and Address of New Registered Agent SHEPPARD, PATRICK 140 ISLAND WAY Street Address (P.O. Box Number is Not Acceptable) # 193 CLEARWATER, FL 33767 Zip Code 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 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution Due by May 1, 2006 Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD TITLE TITLE 21000 Dęlete Addition NAME ROGERS, ROLAND NAME STREET ADDRESS POST OFFICE BOX 676 STREET ADDRESS CITY-ST-ZIP CRYSTAL BEACH, FL 34681 CITY-ST-ZIP TIFLE Delete ☐ Change Addition NAME SHEPPARD, PATRICK J NAME STREET ADDRESS 140 ISLAND WAY # 193 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33767 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition HOWELL, HOWARD L NAME NAME STREET ADDRESS 701 SPOTTIS WOODE LANE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP TITLE Delete TITI E □ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 turther 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIX IG OFFICER OR DIRECTOR

FILED