2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N03000003936

Entity Name: BRIGHTWATER COVE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

124-130 BRIGHTWATER DRIVE
CLEARWATER BEACH, FL 33767

New Principal Place of Business:

Current Mailing Address:

130 BRIGHTWATER DR
UNIT 8
CLEARWATER, FL 33767

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPPARD, PATRICK
140 ISLAND WAY
193
CLEARWATER, FL 33767 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 ( ) Delete
Name: CAVANAUGH, MIKE
Address: 130 BRIGHTWATER DR UNIT 3
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: V ( ) Delete
Name: GOOSEN, ED
Address: 130 BRIGHTWATER DR UNIT4
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: T ( ) Delete
Name: WILLIAMS, LYNNE
Address: 130 BRIGHTWATER DR UNIT 8
City-St-Zip: CLEARWATER BEACH, FL 33767

Title: S ( ) Delete
Name: STANTON, TOM
Address: 130 BRIGHTWATER DR UNIT 6
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:

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: LYNNE WILLIAMS T 04/15/2009

Electronic Signature of Signing Officer or Director — Date