

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90110 015 \*\*\*\*61.25

**DOCUMENT # N04000002609**

1. Entity Name  
**BRIGHTON PARK OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**2955 HARTLEY RD SUITE 108  
JACKSONVILLE, FL 32257**

Mailing Address  
**C/O MAY MANAGEMENT  
5455 AIA SOUTH  
SAINT AUGUSTINE, FL 32080**

40101600



04262007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1695373**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MARKS, ANNA  
C/O MAY MANAGEMENT SERVICE, INC.  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

**DO NOT WRITE  
IN THIS SPACE**

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  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MATOVINA, GREGORY E  
STREET ADDRESS 2955 HARTLEY RD SUITE 108  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE VTD  
NAME BORSTEIN, DONALD K  
STREET ADDRESS 2955 HARTLEY RD SUITE 108  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE SD  
NAME HUDSON, SHARON  
STREET ADDRESS 2955 HARTLEY RD SUITE 108  
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

4-27-07 904-461-9708