



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90049 036 ****61.25

DOCUMENT # N04000002609					
1. Entity Name BRIGHTON PARK OWNERS ASSOCIATION, INC.					
Principal Place of Business 2955 HARTLEY RD SUITE 108 JACKSONVILLE, FL 32257 <i>Same as mailing</i>			Mailing Address C/O MAY MANAGEMENT 5455 AIA SOUTH SAINT AUGUSTINE, FL 32080		
2. Principal Place of Business - No P.O. Box # <i>same as mailing</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01292008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 16-1695373	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARKS, ANNA C/O MAY MANAGEMENT SERVICE, INC. 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MATOVINA, GREGORY E STREET ADDRESS 2955 HARTLEY RD SUITE 108 CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE <i>Pres.</i> Seon Winn NAME STREET ADDRESS 5330 Brighton Park Ln. CITY-ST-ZIP Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VTD NAME BORSTEIN, DONALD K STREET ADDRESS 2955 HARTLEY RD SUITE 108 CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE <i>Nice Pres.</i> Elaine Houser NAME STREET ADDRESS 5281 Brighton Park Ln CITY-ST-ZIP Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME HUDSON, SHARON STREET ADDRESS 2955 HARTLEY RD SUITE 108 CITY-ST-ZIP JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete		TITLE <i>Treasurer</i> Amanda Feagle NAME STREET ADDRESS 5263 Brighton Park Ln. CITY-ST-ZIP Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <i>Secretary</i> Roxanne Romano NAME STREET ADDRESS 5251 Brighton Park Ln. CITY-ST-ZIP Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE <i>Director</i> Charles Baker NAME STREET ADDRESS 5224 Brighton Park Ln. CITY-ST-ZIP Jacksonville, FL 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Seon Winn, President</i> 02-06-08 904662-3251					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					