

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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARKS, ANNA C/O MAY MANAGEMENT SERVICE, INC. 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MATOVINA, GREGORY E 2955 HARTLEY RD SUITE 108 JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Pres.</i> Sean Winn <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5330 Brighton Park Ln. Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BORSTEIN, DONALD K 2955 HARTLEY RD SUITE 108 JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Nice Pres.</i> Elaina Houser <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5281 Brighton Park Ln Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUDSON, SHARON 2955 HARTLEY RD SUITE 108 JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Amanda Feagle <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5263 Brighton Park Ln. Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Roxanne Romano <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5251 Brighton Park Ln. Jacksonville, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> Charles Baker <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5224 Brighton Park Ln. Jacksonville, FL 32210
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: 		Date: 02-06-08 Daytime Phone #: 9046623251	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	