2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000005399

TI FILED

Aug 18, 2009
Secretary of State

Entity Name: BRIGHTON LANDINGS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5401 S KIRKMAN RD. STE 450 ORLANDO, FL 32819

Current Mailing Address: New Mailing Address:

5401 S KIRKMAN RD. STE 450 ORLANDO, FL 32819

FEI Number: 26-1420126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S KIRKMAN RD., STE 450 ORLANDO, FL 32819 US

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:

Flateric Circulate of Decident Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: O'DOWD, STEVEN Name: LAWSON, ROB

Address: 1155 S. SEMORAN BLVD. #1120 Address: 5850 T.G. LEE BLVD, STE. 600

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: ORLANDO, FL 32822

Title: VT () Delete Title: VP (X) Change () Addition

Name: HISS, STEVE Name: INGHRAM, GREGG

Address: 1155 S. SEMORAN BLVD. #1120 Address: 5850 T.G. LEE BLVD. STE 600

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: ORLANDO, FL 32822

Title: S () Delete Title: S/T (X) Change () Addition

 Name:
 PEREZ, DENIS
 Name:
 MAHON, CHRISTINA

 Address:
 1155 S. SEMORAN BLVD. #1120
 Address:
 5850 T.G. LEE BLVD. STE. 600

City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: ORLANDO, FL 32822

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: ROB LAWSON P 08/18/2009