

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90006 038 ****61.25

DOCUMENT # N12010

1. Entity Name

BRIGHTSTAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

517 PAUL MORRIS DR
 ENGLEWOOD FL 34223
 US

517 PAUL MORRIS DR
 UNIT-~~84~~ *B-1*
 ENGLEWOOD FL 34223
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2785600

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BIBENS, MERRILL K.
 517 PAUL MORRIS DR
 UNIT-~~84~~ *B-1*
 ENGLEWOOD FL 34223

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.

SIGNATURE MERRILL K. BIBENS *Merrill K. Bibens* 3/9/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PD	BOWMAN, BERNARD J.	517 PAUL MORRIS DR ENGLEWOOD FL				
	STD	BIBENS, MERRILL K.	ONE-ANTIGUA CIR ENGLEWOOD FL 34223				
	D	STANDISH, PHIL	3662 UNCLE GLOVER RD TALLAHASSEE FL 32312				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Merrill K. Bibens* 3/9/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)