## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Aug 26, 2004 8:00 am Secretary of State **DOCUMENT # N12010** 08-26-2004 90004 038 \*\*\*\*61.25 BRIGHTSTAR CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 517 PAUL MORRIS DR 517 PAUL MORRIS DR 54070063 UNIT B1 ENGLEWOOD, FL 34223 ENGLEWOOD, FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08042004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2785600 Applied For City & State City & State Not Applicable Ζiρ Zin Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent L.Thatcher BIBENS, MERRILL K. Street Address (P.O. Box Number is Not Acceptable) 517 PAUL MORRIS DR UNIT B-1 ENGLEWOOD, FL 34223 Englewood 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. Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE Thatcher Chery L. Ochange 517 Paul Morris Dr. Unit D4 TITLE ☐ Delete BOWMAN, BERNARD J. NAME NAME 517 PAUL MORRIS DR STREET ADDRESS STREET ADDRESS Englewood FL 34223 ENGLEWOOD, FL CITY-ST-ZIP CITY-ST-ZIP STD Delete TIPLE TLAROSSA MIKE TITLE BIBENS, MERRILL K. NAME NAME 517 Paul Morris Dr. Unit D8 STREET ADDRESS **5 BAHAMA CIRCLE** STREET ADDRESS Englewood FL 34223 ENGLEWOOD, FL 34223 CITY-ST-ZIP CITY-ST-ZIP Delete Buck Fred Addition TITLE TITLE STANDISH, PHIL 517 Paul Morris Dr Unit B-3 NAME NAME 3662 UNCLE GLOVER RD STREET ADDRESS STREET ADDRESS Englewood FL 34223 CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP D Caputo, Tony 2048 Allen Street ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS Englewood FL 34223 CITY-ST-712 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE D Sheridan, Tom P.O. Box 1677 NAME STREET ADDRESS STREET ADDRESS Englewood FL 34295 CITY-ST-ZIP CITY-ST-ZIP TITLE Curtis, Lane 9881 Eagle Dreserve Englewood FL 34224 Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED