

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90060 045 ****61.25

DOCUMENT # N12010

1. Entity Name
BRIGHTSTAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**517 PAUL MORRIS DR
ENGLEWOOD, FL 34223 US**

Mailing Address
**517 PAUL MORRIS DR
UNIT B1
ENGLEWOOD, FL 34223 US**

50062606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2785600

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THATCHER, CHERYL L
517 PAUL MORRIS DR
UNIT D-4
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BOWMAN, BERNARD J.**
STREET ADDRESS **517 PAUL MORRIS DR**
CITY-ST-ZIP **ENGLEWOOD, FL**

TITLE **S** ☒ Delete
NAME **STATCHER, CHERYL L**
STREET ADDRESS **517 PAUL MORRIS DR UNUT D4**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **T** ☐ Delete
NAME **LAROSSA, MIKE**
STREET ADDRESS **517 PAUL MORRIS DR UNIT D3**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **V** ☒ Delete
NAME **BUCK, FRED**
STREET ADDRESS **517 PAUL MORRIS DR UNIT B-3**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☒ Delete
NAME **CAPUTO, TONY**
STREET ADDRESS **2048 ALLEN STREET**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **D** ☒ Delete
NAME **SHERIDAN, TOM**
STREET ADDRESS **P.O. BOX 1677**
CITY-ST-ZIP **ENGLEWOOD, FL 34295**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRES.** ☒ Change ☐ Addition
NAME **KARL THATCHER**
STREET ADDRESS **517 PAUL MORRIS DR. D-4**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **S** ☒ Change ☐ Addition
NAME **THATCHER, CHERYL**
STREET ADDRESS **517 PAUL MORRIS DRIVE-D-4**
CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-18-05 475-1188