

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90298 008 \*\*\*\*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



04202006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2785600

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

~~THATCHER, CHERYL~~ *MIKE LAROSSA - Treas/sec.*  
517 PAUL MORRIS DR  
UNIT ~~D-3~~  
ENGLEWOOD, FL 34223

**DO NOT WRITE  
IN THIS SPACE**

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 *Treas/sec Michael Larossa*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

*4-20-06*  
DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THATCHER, KARL 517 PAUL MORRIS DRIVE SUITE D-4 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>THATCHER, CHERYL</del> 517 PAUL MORRIS DR UNUT D4 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T/s</i> LAROSSA, MIKE 517 PAUL MORRIS DR UNIT D3 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> BUCK, FRED 517 PAUL MORRIS DR UNIT B-3 ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPUTO, TONY 2048 ALLEN STREET ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERIDAN, TOM P.O. BOX 1677 ENGLEWOOD, FL 34295

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IN THIS SPACE**

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: *Treas/sec Michael Larossa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-20-06* *541-475-1188*  
Date Daytime Phone #