

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 14, 2009  
Secretary of State**

DOCUMENT# N12010

Entity Name: BRIGHTSTAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

517 PAUL MORRIS DR  
ENGLEWOOD, FL 34223 US

**New Principal Place of Business:**

517 PAUL MORRIS DR  
SUITE A  
ENGLEWOOD, FL 34223 US

**Current Mailing Address:**

517 PAUL MORRIS DR  
UNIT B1  
ENGLEWOOD, FL 34223 US

**New Mailing Address:**

517 PAUL MORRIS DR  
SUITE A  
ENGLEWOOD, FL 34223 US

FEI Number: 59-2785600      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THATCHER, KARL  
517 PAUL MORRIS DR  
UNIT D-4  
ENGLEWOOD, FL 34223 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: THATCHER, KARL  
Address: 517 PAUL MORRIS DRIVE SUITE D-4  
City-St-Zip: ENGLEWOOD, FL 34223

Title: TS ( ) Delete  
Name: CURTIS, CLAUDETTE  
Address: 517 PAUL MORRIS DRIVE SUITE A2  
City-St-Zip: ENGLEWOOD, FL 34223

Title: D ( ) Delete  
Name: HANK, MARY  
Address: 517 PAUL MORRIS DR UNIT D3  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLAUDETTE E. CURTIS

TS

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date