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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000624

1. Corporation Name

BRIGHT WATER PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 2/1/93
3a. Date of Last Report: 7/22/96

2. Principal Place of Business
21 3317 Indian Trail
22 Suite, Apt. #, etc.
23 City & State: Eustis, FL
24 Zip: 32726
25 Country: USA

2a. Mailing Address
26 P.O. Box 350073
27 Suite, Apt. #, etc.
28 City & State: Grand Island, FL
29 Zip: 32735
30 Country: USA

4. FEI Number: 59-3190577 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Lawrence J. Semento
531 North Bay Street
Eustis, FL 32726

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE P/D NAME STREET ADDRESS CITY-ST-ZIP	David Morritt 401 Corbett St., Suite 300 Clearwater, FL 34616	☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President/Director Louis Piccerelli 3317 Indian Trail Eustis, FL 32726	☒ Change ☐ Addition
TITLE V/S/D NAME STREET ADDRESS CITY-ST-ZIP	F. Blake Longacre 401 Corbett St., Suite 300 Clearwater, FL 34616	☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP/D Robert DeWitt 3308 Indian Trail Eustis, FL 32726	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S/D Rufus Whitaker 3509 Indian Trail Eustis, FL 32726	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T/D Ronald Amos 3513 Indian Trail Eustis, FL 32726	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	300002156453 -04/28/97--01034--053 ***61.25	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Louis Piccerelli 352-357-5723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Louis Piccerelli, President