2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 20, 2001 08:00 AM N93000000624 DOCUMENT # 1. Entity Name **Secretary of State** BRIGHT WATER PLACE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 3317 INDIAN TRAIL P.O. BOX 350073 EUSTIS FL GRAND ISLAND 32726 32735 2. Principal Place of Business 3. Mailing Address 3200 INDIAN TRAIL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For EUSTIS 59-3195077 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32726 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEMENTO LAWRENCE JESQ. Street Address (P.O. Box Number is Not Acceptable) 531 NORTH BAY STREET **EUSTIS** FL32726 US City 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. 04/20/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE ☐ Change ☐ Addition NAME CORR KAREN NAME STREET ADDRESS STREET ADDRESS 3547 HUNTERS TRL CR CITY-ST-ZIP CITY-ST-ZIP EUSTIS 32726 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BIANCHI LYDIA NAME STREET ADDRESS STREET ADDRESS 3325 INDIAN TRL CITY-ST-ZIP FUSTIS FL. 32726 CITY-ST-ZIP TITLE VPD Delete TITLE Change ☐ Addition NAME SPRING GEORGE NAME STREET ADDRESS STREET ADDRESS 3301 INDIAN TRL CITY-ST-ZIP CITY-ST-ZIP **EUSTIS** FL. 32726 Delete TITLE TITLE Change Addition NAME COCHRAN CLIFF NAME STREET ADDRESS 3233 INDIAN TRL STREET ADDRESS CITY-ST-ZIP **EUSTIS** FL. 32726 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

Lydia Bianchi

TD

04/20/2001

CR2E037 (11/00)