

2002 UNIFORM BUSINESS REPORT (UBR)

2

FILED
Apr 03, 2002 8:00 am
Secretary of State

02-27-2002 90036 014 ****61.25

DOCUMENT # N93000000624

1. Entity Name

BRIGHT WATER PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3200 INDIAN TRAIL
EUSTIS FL 32726

P.O. BOX 350073
GRAND ISLAND FL 32735

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.,

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3195077

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**SEMENTO, LAWRENCE J ESQ.
531 NORTH BAY STREET
EUSTIS FL 32726**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **COCHRAN, CLIFF**
STREET ADDRESS **3233 INDIAN TRL**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **President PD** ☐ Change ☒ Addition
NAME **James Kane**
STREET ADDRESS **3302 Site to See Avenue**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE **VPD** ☐ Delete
NAME **SPRING, GEORGE**
STREET ADDRESS **3301 INDIAN TRL**
CITY-ST-ZIP **EUSTIS FL 32726**

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

TITLE **TD** ☒ Delete
NAME **BIANCHI, LYDIA**
STREET ADDRESS **3325 INDIAN TRL**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **SD** ☐ Change ☒ Addition
NAME **Nancy Gerlach**
STREET ADDRESS **3324 Indian Trail**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE **D** ☒ Delete
NAME **CORR, KAREN**
STREET ADDRESS **3547 HUNTERS TRL CR**
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **TD** ☐ Change ☒ Addition
NAME **Toothaker, Lynn**
STREET ADDRESS **3521 Indian Trail**
CITY-ST-ZIP **Eustis, FL 32726**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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)(f), 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:

Lynn Toothaker **Lynn Toothaker** **3/5/02** **352-255-7201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)