2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N93000000624

1. Entity Name

BRIGHT WATER PLACE HOMEOWNERS ASSOCIATION, INC.



FILED Jan 12, 2007 08:00 Al Secretary of State

Principal Place of Business

3200 INDIAN TRAIL EUSTIS, FL 32726

Mailing Address

P.O. BOX 350073 GRAND ISLAND, FL 32735



| | DO | NOT | WRITE | IN | THIS | SP/ | 1CE |
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01102007 No Chg-NP CR2E037 (4/06)

Applied For 4. FEI Number 59-3195077 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KLEMM, RUSSELL E CLAYTON & MCCULLAH 1065 MAITLAND CTR, COMMONS BLVD. MAITLAND, FL 32751

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| 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 | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: Registered | Agent signature | required when reinstating) | DATE | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2007 | Election Campaign Finan Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | | | | | |
| TITLE | PD | | | | | | | | |
| NAME | MORRIS, ROBERT | | | | | | | | |
| STREET ADDRESS | ADDRESS 3316 INDIAN TRAIL | | | | U00000585489 | | | | |
| CITY-ST-ZIP | EUSTIS, FL 32726 | | | | 04 /46 /07 00014 000 61 00 | | | | |

TITLE TD NAME LAWTON RHETT STREET ADDRESS 3609 INDIAN TRAIL CITY-ST-ZIP EUSTIS, FL 32726 TITLE SD DOYLE, DONALD STREET ADDRESS 3401 INDIAN TR. CITY-ST-ZIP EUSTIS, FL 32726 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

U1/16/U/~8UU14~U23 61.25

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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: