


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90027 028 ****61.25

DOCUMENT # N93000000624 1. Entity Name BRIGHT WATER PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3200 INDIAN TRAIL EUSTIS, FL 32726			Mailing Address P.O. BOX 350073 GRAND ISLAND, FL 32735		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KLEMM, RUSSELL E CLAYTON & MCCULLAH 1065 MAITLAND CTR, COMMONS BLVD. MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS, ROBERT 3316 INDIAN TRAIL EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete		TITLE - NAME STREET ADDRESS CITY-ST-ZIP	PD GERALD L. HUNT 3328 INDIAN TRAIL EUSTIS, FL 32726
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	TD LAWTON, RHETT 3609 INDIAN TRAIL EUSTIS, FL 32726	<input checked="" type="checkbox"/> Delete		TITLE - NAME STREET ADDRESS CITY-ST-ZIP	LYNN TOOTHAKER VICE PRES. 3521 INDIAN TRAIL EUSTIS FL 32726
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	SD DOYLE, DONALD 3401 INDIAN TR. EUSTIS, FL 32726	<input type="checkbox"/> Delete		TITLE - NAME STREET ADDRESS CITY-ST-ZIP	TD ROCCO J. DE LUCA 1983 MORRITT'S CT EUSTIS FL 32726
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP	-	<input type="checkbox"/> Delete		TITLE - NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE - NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE - NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Rocco J. De Luca</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				02-17-08 <small>Date</small>	
				352-589-8895 <small>Daytime Phone #</small>	