2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9300000624

1. Entity Name

SIGNATURE:

BRIGHT WATER PLACE HOMEOWNERS ASSOCIATION, INC.



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90150 021 ****61.25

			- COVE				
Principal Place of Business 3200 INDIAN TRAIL EUSTIS FL 32726		Mailing Address P.O. BOX 350073 GRAND ISLAND FL 32735		11884101 818 10180 14			
2. Principal Pla	ace of Business	3. Mailing Address				 	<u>! ? }</u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3195077		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status		\$8.75 Addir Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address	of New Registered A	lgent	
531 NORT EUSTIS F	named entity subspits this statement fons of registered agent.	for the purpose of changing its	City Ma	Laste	FL	2ns B	LEKLEN LUX 751 and accept
SIGNATURE -	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	Registered Agent signature requi		Make Check Florida Depar		
			144	ADDITIONS/CHANGES 1	O OFFICERS AND DI	RECTORS IN	10
TITLE NAME STREET ADDRESS	OFFICERS AND D PD KANE, JAMES 3302 SITE TO SEE AVENUE	DRECTORS Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	HOLL BOS		☐ Change	Addition
TITLE NAME STREET ADDRESS	VPD SPRING, GEORGE 3301 INDIAN TRL	Delete	TITLE NAME STREET ADDRESS	sobert Marrial landing	15 15	Change	Addition –
TITLE NAME STREET ADDRESS	SD GERLACH, NANCY 3204 INDIAN TRAIL	Delete	TITLE 6.7		Trail	☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	EUSTIS FL 32726 TD TOOTHAKER, LYNN 3521 INDIAN TRAIL EUSTIS FL 32726	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7247 F. F. 30	190	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E03110 FE 32/20	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
12. I hereby indicated	certify that the information supplied w d on this report or supplemental repor propration or the receiver or trustee en d, or on an attachment with an addres	t is true and accurate and triat nonwered to execute this report	t as required by Chapter	n Section 119.07(3)(i), Floric he same legal effect as if m 617, Florida Statutes; and t	la Statutes. I further ce lade under oath; that I hat my name appears	ertify that the i am an officer in Block 10 o	information r or director ir Block 11 if