


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 02, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90004 038 \*\*\*\*61.25

<b>DOCUMENT # N95000000942</b> 1. Entity Name <b>BRIGHTON PLACE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32504			Mailing Address 3298 SUMMIT BLVD SUITE 4 PENSACOLA, FL 32504		
2. Principal Place of Business <i>22-A Via De Luna Dr.</i> Suite, Apt. #, etc.		3. Mailing Address <i>22-A Via De Luna Dr.</i> Suite, Apt. #, etc.			
City & State <i>Pensacola Beach, FL</i>		City & State <i>Pensacola Beach, FL</i>		4. FEI Number 59-3312117	
Zip <i>32561</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCCABE, JUDITH</b> <b>127 S PALAFOX PL, SUITE 200</b> <b>PENSACOLA, FL 32502</b>			7. Name and Address of New Registered Agent Name <i>Croyle, David</i> Street Address (P.O. Box Number is Not Acceptable) <i>22-A Via De Luna Dr.</i> City <i>Pensacola Beach</i> FL Zip Code <i>32561</i>		
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 <i>David Croyle</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>5/1/06</i>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GIBBS, MICHELLE 2311 BRIGHTVIEW PL. CANTONMENT, FL 32533 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWARD, TIM <input checked="" type="checkbox"/> Delete 2304 BRIGHTVIEW PL CANTONMENT, FL 32533		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bedard, Bob <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2323 Brightview Place Cantonment, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKMON, WAYLAND <input type="checkbox"/> Delete 2337 BRIGHTVIEW PLACE CANTONMENT, FL 32533		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	SD Davis, Rhela <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2301 Brightview Place Cantonment, FL 32533	
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 recipient 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 full power to be empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-3-06 850-937-0955 <small>Date Daytime Phone #</small>		