


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90246 033 ****61.25

DOCUMENT # N95000000942 1. Entity Name BRIGHTON PLACE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 22 A VIA DE LUNA DR PENSACOLA BEACH, FL 32561			Mailing Address 22 A VIA DE LUNA DR PENSACOLA BEACH, FL 32561		
2. Principal Place of Business - No P.O. Box # 1719 N 9th Ave Suite, Apt. #, etc.		3. Mailing Address 1719 N 9th Ave Suite, Apt. #, etc.			
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 59-3312117	
Zip 32503		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REALTY MASTERS OF FLORIDA 1719 NORTH 9TH AVE. PENSACOLA, FL 32503			7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u><i>Pamela A Keen</i></u> <u><i>Pamela A Keen</i></u> <u><i>5/01/08</i></u> <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	TD GIBBS, MICHELLE 2311 BRIGHTVIEW PL. CANTONMENT, FL 32533 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Le Blanc 2308 Brightview PL Cantonment, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEDARD, BOB 2323 BRIGHTVIEW PLACE CANTONMENT, FL 32533 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph Nelson 2331 Brightview PL Cantonment, FL 32533	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACKMON, WAYLAND 2337 BRIGHTVIEW PLACE CANTONMENT, FL 32533 <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	SD <input checked="" type="checkbox"/> Delete DAVIS, RHELA 2301 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	<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: <u><i>Wayland Blackmon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>5-1-08 850-932-0955</i></u> <small>Date Daytime Phone #</small>		