

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000942

FILED
Mar 30, 2009
Secretary of State

Entity Name: BRIGHTON PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1719 N 9TH AVENUE
PENSACOLA, FL 32503 US

New Principal Place of Business:

4400 BAYOU BLVD STE 58
PENSACOLA, FL 32503 US

Current Mailing Address:

1719 N 9TH AVENUE
PENSACOLA, FL 32503 US

New Mailing Address:

4400 BAYOU BLVD STE 58
PENSACOLA, FL 32503 US

FEI Number: 59-3312117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REALTY MASTERS OF FLORIDA
1719 NORTH 9TH AVE.
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

REALTY MASTERS OF FLORIDA
4400 BAYOU BLVD STE 58
PENSACOLA, FL 32503 US

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.

SIGNATURE: PAMELA A KEEN

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: GIBBS, MICHELLE
Address: 2311 BRIGHTVIEW PL.
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: BEDARD, BOB
Address: 2323 BRIGHTVIEW PLACE
City-St-Zip: CANTONMENT, FL 32533

Title: PD () Delete
Name: BLACKMON, WAYLAND
Address: 2337 BRIGHTVIEW PLACE
City-St-Zip: CANTONMENT, FL 32533

Title: VP () Delete
Name: LEBLANC, MICHAEL
Address: 2308 BRIGHTVIEW PLACE
City-St-Zip: CANTONMENT, FL 32533

Title: S () Delete
Name: NELSON, JOSEPH
Address: 2331 BRIGHTVIEW PLACE
City-St-Zip: CANTONMENT, FL 32533

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: GIBBS, MICHELLE
Address: 2311 BRIGHTVIEW PL.
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BLACKMON, WAYLAND
Address: 2337 BRIGHTVIEW PLACE
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYLAND BLACKMON

P

03/30/2009

Electronic Signature of Signing Officer or Director

Date