

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005559

FILED
Feb 02, 2009
Secretary of State

Entity Name: BRIGHTON'S MEADOW TRACE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

C/O TPS MANAGEMENT
PO BOX 661554
MIAMI SPRINGS, FL 33266

New Principal Place of Business:

14275 SW 142 AVE
MIAMI, FL 33186

Current Mailing Address:

C/O TPS MANAGEMENT
PO BOX 661554
MIAMI SPRINGS, FL 33266

New Mailing Address:

14275 SW 142 AVE
MIAMI, FL 33186

FEI Number: 65-0711374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
STE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

TRIAY, CARLOS
2301 NW 87 AVE
STE 501
DORAL, FL 33172 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: CARLOS TRIAY

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: ARAUZ, SALOMOM
Address: 15013 SW 141 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: ALSOPP, ROBERT
Address: 14256 SW 151 AVE
City-St-Zip: MIAMI, FL 33196

Title: VPD () Delete
Name: CABERA, BARBRA
Address: 14104 SW 149 PLACE
City-St-Zip: MIAMI, FL 33196

Title: TD (X) Delete
Name: RUOCCO, FRANCISCO
Address: 14132 SW 149 AVE
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: JOSE, SALOMOM
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change () Addition
Name: CABRERA, BARBARA
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

Title: D (X) Change () Addition
Name: ALSOPP, ROBERT
Address: 14275 SW 142 AVE
City-St-Zip: MIAMI, FL 33186

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: JOSE SALOMON

P

02/02/2009

Electronic Signature of Signing Officer or Director

Date