2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004529

FILED Apr 11, 2007 Secretary of State

Entity Name: BRIGHTON NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 59-3434015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LOTZ. THEODORE Name: Name: 3823 WESTERHAM DRIVE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: SD Title: SD (X) Change () Addition () Delete PLUMLEY, JOYCE S Name: SINGLETON, ROBERT Name: Address: 2440 HYTHE LN Address: 3548 WESTERHAM DR City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711 Title: VPD () Delete Title: () Change () Addition YARBER, VINCENTIA Name: Name: Address: 3567 WESTERHAM DR Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: MELLON, JAMES Name: Address: 2446 HYTHE LN Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: () Delete Title: (X) Change () Addition SINGLETON, ROBERT PERRETTA, FRANK Name: Name: 3548 WESTERHAM DR 2447 SHELBY LN Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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: THEODORE LOTZ PD 04/11/2007