

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90002 004 \*\*\*\*61.25

0018132

**DOCUMENT # N98000001104**

1. Entity Name

**BRIGHTON BY THE SEA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2017 CARDINAL LANE  
 NORTH LIBERTY IA 52317

2017 CARDINAL LANE  
 NORTH LIBERTY IA 52317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2482671**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOEL, LEE**  
**1520 COUNTY RD., C-30**  
**PORT ST JOE FL 32456**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	NOEL, LEE G	
STREET ADDRESS	2017 CARDINAL LANE	
CITY-ST-ZIP	NORTH LIBERTY FL 52317	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEVITZ, GARY L	
STREET ADDRESS	14 CHERRY LANE NE	
CITY-ST-ZIP	IOWA CITY IA 52240	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIBSON, THOMAS S	
STREET ADDRESS	206 E 4TH ST	
CITY-ST-ZIP	PORT ST JOE FL 32456	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lee Noel*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/01 319 626 6030

CR2E037 (5/01)