

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2005  
Secretary of State**

DOCUMENT# N98000001104

Entity Name: BRIGHTON BY THE SEA HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6124 HWY. C 30  
PORT ST. JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 876  
EASTPOINT, FL 32328

**New Mailing Address:**

FEI Number: 59-2482671      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GLEASMAN, WAYNE M  
COMMUNITY MANAGEMENT SERVICES  
431 MCCLOUD ST  
ST. GEORGE ISLAND, FL 32328 US

**Name and Address of New Registered Agent:**

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:**

Title: PD ( ) Delete  
Name: NOEL, LEE G  
Address: 2017 CARDINAL LANE  
City-St-Zip: NORTH LIBERTY, FL 52317

Title: SD ( ) Delete  
Name: LEVITZ, GARY L  
Address: 14 CHERRY LANE NE  
City-St-Zip: IOWA CITY, IA 52240

Title: T ( ) Delete  
Name: GLEASMAN, WAYNE M  
Address: 431 MCCLOUD ST  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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 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: WAYNE M GLEASMAN

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04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date