

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90036 003 ****61.25

DOCUMENT # N98000001104
1. Entity Name
BRIGHTON BY THE SEA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**2017 CARDINAL LANE
NORTH LIBERTY IA 52317**

Mailing Address
**P.O. BOX 876
EASTPOINT FL 32328**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2482671**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida 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	T	<input type="checkbox"/> Delete
NAME	GLEASMAN, WAYNE M	
STREET ADDRESS	431 MCCLOUD ST	
CITY-ST-ZIP	ST. GEORGE ISLAND FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: *Wayne M. Gleasman* **REQUIRED** *Wayne M. Gleasman* 04-25-03 850-927-4911

CR2E037 (10/02)