## 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

200	05 NOT-FOR-PRO AMENDED AN	Amended							
DOCUMENT # N98000004922					17.				
1. Entity Name BRIGHTON POINTE ESTATES HOMEOWNER'S ASSOCIATION OF POLK COUNTY, INC.					05 JU!! 22 111 9: 49				
Principal Place of Business Mailing Address 2000 E. EDGEWOOD 2000 E. EDGEWOOD					•			KIDA	
STE 103 LAKELAND, FL 33803		STE 103 LAKELAND, FL 33803			1 HERNITH BYS 18181	ITIN ASIM DOM SOM	esiii stin en	in latin tiata iib	R <b>ai ai int</b> i
2. Principal Place of Business P. O. Box 1922 P.O. Box			1922						
Suite, Apt.	<del></del>	P.O. Box 1922 Suite, Apt. #, etc.			06062005 C	hg-NP	CR2E03	7 (10/03)	
City & State	NDALE FL	City & State  AUBURNDALE	= FL		4. FEI Number 33-101217	<b>'</b> 7		<u> </u>	plied For t Applicable
<sup>Zip</sup> 33823	-1922 Country U.S. A	Zip 33823-1922	Country U.S.	A	5. Certificate of SI		ъ	\$8.75 Add Fee Required	litional d
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name (1)									
2000 E EDGENOOD BITOTE 100					P.O. Box Number is Not Acceptable)				
LAKELAND, FL 33803					PRIGHTON WAY				
City AUBURUDALE FL Zip Code 33823									
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 WILLIAM C ANDERSON PRESIDENT 6/18/65 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
Amended AR is \$61.25  9. Election Campaign Trust Fund Contribu			Contribution.	bution. Added to Fees Florida Department of State					
TITLE	OFFICERS AND DIRE	ECTORS Delete	11.	TPD	IDDITIONS/CHANG	ES TO OFFICE	HS AND DIE	Change	Addition
NAME STREET ADDRESS	KOCH, DION 2000 E EDGEWOOD DR STE 103	•	NAME Street Address	Wire	JAM C AI BRIGHTON	WERSON	4	-	1
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		URNDALE I		323		
title Name	TD KWON, SANG HUI	Delete	TITLE NAME	VD	ES SCHMI	DT.		☐ Change	<b>⊠</b> Addition
STREET ADDRESS City-St-Zip	2000 E EDGEWOOD DR STE 103 LAKELAND, FL 33813	1	STREET ADDRESS CITY-ST-ZIP	106	BRIGHTON IRNDALE	CIRCLE	823		
TITLE NAME	PD LADERER, JR, EDWARD H	Delete	TITLE NAME	VD				☐ Change	Addition-
STREET ADDRESS	2000 E EDGEWOOD DR STE 103	3	STREET ADDRESS	115	HOLLENS! BRIGHTON	CRCLE	~~~		
CITY-ST-ZIP TITLE	LAKELAND, FL 33813	☐ Defete	CITY-ST-ZIP TITLE	SD SD	URNDALE	FL 33	1623	☐ Change	Addition
NAME Street address			NAME Street address	DEFR	Y PETERSO BRIGHTON C				
CITY-ST-ZIP			CITY-ST-ZIP		IPNDALE F		23		
title Name		☐ Delete	title Name	TD	ENCE CAL	ı AHAN		☐ Change	∑XAddition
STREET ADDRESS City+St-Zip	•		STREET ADORESS	130	BRIGHTON	CIRCLE			
TITLE		☐ Delete	TILE		URNDALE	H_338		☐ Change	Addition
NAME Street address			NAME STREET ADDRESS		200 86/29/89	10566 01004-	325	392	oc l
CITY-ST-ZIP			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: 407-421-0783 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Boto Dayline Phone #									