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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005793

1. Corporation Name

BRIGHTON AT WELLINGTON'S EDGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

 6511 VIA ROSA
 BOCA RATON FL 33434

Mailing Address

 6511 VIA ROSA
 BOCA RATON FL 33434


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/09/1998
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0817905
24 Country	29 Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
	30	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DEUTCH, JEFFREY A
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTVS	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, STANLEY	1.2 NAME	
STREET ADDRESS	6511 VIA ROSA	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, STANLEY	2.2 NAME	
STREET ADDRESS	6511 VIA ROSA	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, RUTH D	3.2 NAME	
STREET ADDRESS	6511 VIA ROSA	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	GREANER, IVY	4.2 NAME	
STREET ADDRESS	6511 VIA ROSA	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)