2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008
Secretary of State

DOCUMENT# N99000002399

Entity Name: BRIGHTON BAY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-3578373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434, SUITE 5000
LONGWOOD, FL 32779 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: VPD ( ) Delete
Name: DECARLO, CHRIS
Address: 588 BLACK LION DR NE
City-St-Zip: ST PETERSBURG, FL 33716

Title: PD ( ) Delete
Name: SMITH, MATT
Address: 740 ADDISON DR NE
City-St-Zip: ST PETERSBURG, FL 33716

Title: SD ( ) Delete
Name: FILSON, ALICE
Address: 847 ADDISON DR NE
City-St-Zip: ST PETERSBURG, FL 33716

Title: TD ( ) Delete
Name: FRANZMAN, TAREY
Address: 608 ADDISON DR NE
City-St-Zip: ST PETERSBURG, FL 33716

Title: D ( ) Delete
Name: STABILE, AMANDA
Address: 10800 BRIGHTON BAY BLVD
City-St-Zip: ST PETERSBURG, FL 33716

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:

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

Title: D (X) Change ( ) Addition
Name: HERNANDEZ, ANA
Address: 10901 BRIGHTON BAY BLVD
City-St-Zip: ST PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MATT SMITH PD 04/07/2008

Electronic Signature of Signing Officer or Director — Date