2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2006 8:00 am **Secretary of State** DOCUMENT # N9900006961 02-10-2006 90007 041 ****61.25 BRIGHTON PLACE COMMUNITY ASSOCIATION INC. Principal Place of Business Mailing Address 1074 BRIGHTON PLACE BLVD. 1074 BRIGHTON PLACE BLVD. KISSIMMEE FL 34744 KISSIMMEE FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESS, JEROME F Street Address (P.O. Box Number is Not Acceptable) 1840 WILLINGHAM WAY KISSIMMEE FL 34744 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 (NOTE: Registered Agent signature required when reinstability) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to: \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. TITLE Delete TITLE Goode, Carol X Addition KILLOUGH, LEE NAME NAME 680 Brighton Pl. Blud 1065 BRIGHTON PL BLVD STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP Kissimmee FL VT TITLE Delete Change ☐ Addition TITLE NGUYEN, LAI NAME NAME 1075 BRIGHTON PL. BLVD STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP □ Delete Change Addition NAME HESS, JEROME F NAME 1840 WILLINGHAM WAY STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chapne ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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:

Jume 7.

July 30/06 407-343-996/