

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90262 011 ***150.00

DOCUMENT # P99000080344

1. Entity Name
 APARTMENTS AT BRIGHTON PARK, INC.



Principal Place of Business
 618 NW 60TH ST
 STE A
 GAINESVILLE, FL 32607

Mailing Address
 618 NW 60TH ST
 STE A
 GAINESVILLE, FL 32607

20045939



2. Principal Place of Business
 100 SW 75th Street

3. Mailing Address
 100 SW 75th Street

Suite, Apt. #, etc.
 STE 205

Suite, Apt. #, etc.
 Ste 205

City & State
 Gainesville, FL

City & State
 Gainesville, FL

Zip
 32607

Country

Zip
 32607

Country

03242005 Chg-P CR2E034 (10/03)

4. FEI Number
~~59-3168243~~ 59-3618243

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PUGH, MERRILL
 618 NW 60TH ST
 STE A
 GAINESVILLE, FL 32607

7. Name and Address of New Registered Agent

Name
 Pugh, Merrill

Street Address (P.O. Box Number is Not Acceptable)
 100 SW 75th Street

Ste 205

City
 Gainesville

FL

Zip Code
 32607

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 [Signature] DATE 4/18/05

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST PUGH, MERRILL 618 NW 60TH ST STE A GAINESVILLE, FL 32607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUGH, AMANDA 618 NW 60TH ST STE A GAINESVILLE, FL 32607 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST PUGH, MERRILL 100 SW 75 th Street Ste 205 Gainesville, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PUGH, AMANDA 100 SW 75 th Street Ste. 205 Gainesville, FL 32607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: [Signature] DATE 4/18/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR