

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 31 PM 3:24

DOCUMENT # 719289 (1)

1. Corporation Name  
**THE BRISTOL HOUSE OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
528 BARCELONA AVE. 528 BARCELONA AVE.  
VENICE FL 34285 VENICE FL 34285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/11/1970  
3a. Date of Last Report 02/11/1994  
4. FEI Number 59-1432047  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 26  
22 Suite, Apt. #, etc. 27  
23 City & State 28  
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JOHNSON, IRENE  
200 N PARK BLVD #201  
VENICE FL 34285**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BYKE, SHIRLEY
STREET ADDRESS	528 BARCELONA, 112
CITY-ST-ZIP	VENICE FL
TITLE	SVP
NAME	HOFMANN, RICHARD
STREET ADDRESS	200 N PARK BLVD #208
CITY-ST-ZIP	VENICE FL
TITLE	DP
NAME	MCDONALD, EDWARD J
STREET ADDRESS	200 N PARK BLVD #109
CITY-ST-ZIP	VENICE FL
TITLE	DT
NAME	JOHNSON, IRENE
STREET ADDRESS	200 N PK BLVD #201
CITY-ST-ZIP	VENICE FL
TITLE	DV
NAME	SHERLOCK, PETER
STREET ADDRESS	200 N PARK BLVD #208
CITY-ST-ZIP	VENICE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VICTORIA GANGI	
1.3 STREET ADDRESS	528 BARCELONA 218	
1.4 CITY-ST-ZIP	VENICE FL 34285	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RALPH MATHEWS	
5.3 STREET ADDRESS	200 N. PARK BLVD 205	
5.4 CITY-ST-ZIP	VENICE FL 34285	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I (we) hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: Victoria Gangi March 28, 1995 813-484-6155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone