

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **719289** (1)
1. Corporation Name
THE BRISTOL HOUSE OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **09/11/1970** 3a. Date of Last Report **03/31/1995**
4. FEI Number **59-1432047** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**JOHNSON, IRENE D.
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 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 **Irene D. Johnson, Treasurer** *Irene D. Johnson* **1-18-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GANGI, VICTORIA	
STREET ADDRESS	528 BARCELONA 213	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HOFMANN, RICHARD	
STREET ADDRESS	200 N PARK BLVD #206	
CITY-ST-ZIP	VENICE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, EDWARD J	
STREET ADDRESS	200 N PARK BLVD #109	
CITY-ST-ZIP	VENICE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JOHNSON, IRENE	
STREET ADDRESS	200 N PK BLVD #201	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATHEWS RALPH	
STREET ADDRESS	200 N. PARK BLVD. 205	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Hofmann, Richard	
13 STREET ADDRESS	200 N Park Blvd #206	
14 CITY-ST-ZIP	Venice FL 34285	
21 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	James Casey	
23 STREET ADDRESS	200 N Park Blvd #104	
24 CITY-ST-ZIP	Venice FL 34285	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Shirley Byke	
33 STREET ADDRESS	528 Barcelona #112	
34 CITY-ST-ZIP	Venice FL 34285	
41 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Irene Johnson D.	
43 STREET ADDRESS	200 N Park Blvd #201	
44 CITY-ST-ZIP	Venice FL 34285	
51 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Mathews Ralph	
53 STREET ADDRESS	200 N Park Blvd #205	
54 CITY-ST-ZIP	Venice FL 34285	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Shirley Byke, Secretary* **1-18-96** **944-485-3758**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (12/95)