

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
**528 BARCELONA AVE.
VENICE FL 34285**

Mailing Address
**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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	GANGI, VICTORIA <input checked="" type="checkbox"/> DELETE	11 TITLE DP	Hofmann, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS	528 BARCELONA 213	13 STREET ADDRESS	200 N Park Blvd #206
CITY-ST-ZIP	VENICE FL	14 CITY-ST-ZIP	Venice FL 34285
TITLE VD	HOFMANN, RICHARD <input checked="" type="checkbox"/> DELETE	21 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	James Casey
STREET ADDRESS	200 N PARK BLVD #206	23 STREET ADDRESS	200 N Park Blvd #104
CITY-ST-ZIP	VENICE FL	24 CITY-ST-ZIP	Venice FL 34285
TITLE DP	MCDONALD, EDWARD J <input checked="" type="checkbox"/> DELETE	31 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Shirley Byke
STREET ADDRESS	200 N PARK BLVD #109	33 STREET ADDRESS	528 Barcelona #112
CITY-ST-ZIP	VENICE FL	34 CITY-ST-ZIP	Venice FL 34285
TITLE DT	JOHNSON, IRENE <input type="checkbox"/> DELETE	41 TITLE DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	Irene Johnson D.
STREET ADDRESS	200 N PK BLVD #201	43 STREET ADDRESS	200 N Park Blvd #201
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP	Venice FL 34285
TITLE D	MATHEWS RALPH <input type="checkbox"/> DELETE	51 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	Mathews Ralph
STREET ADDRESS	200 N. PARK BLVD. 205	53 STREET ADDRESS	200 N Park Blvd #205
CITY-ST-ZIP	VENICE FL	54 CITY-ST-ZIP	Venice FL 34285
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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* **1-18-96** **941-485-3758**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (12/95)