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Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 34285-1767

3. Date Incorporated or Qualified: 09/11/1970
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-1432047		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, IRENE 200 N PARK BLVD #201 VENICE FL 34285				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 617.0603, Florida Statutes.

SIGNATURE: *Irene Johnson* Irene Johnson, Treasurer DATE: 1-31-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOFMAN, RICHARD			1.2 NAME	JAMES CASEY		
STREET ADDRESS	200 N. PARK BLVD. #208			1.3 STREET ADDRESS	200 N Park Blvd #104		
CITY-ST-ZIP	VENICE FL			1.4 CITY-ST-ZIP	Venice FL 34285		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASEY, JAMES			2.2 NAME	RALPH MATHEWS		
STREET ADDRESS	200 N. PARK BLVD. #104			2.3 STREET ADDRESS	200 N. Park Blvd #205		
CITY-ST-ZIP	VENICE FL			2.4 CITY-ST-ZIP	Venice FL 34285		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BYKE, SHIRLEY			3.2 NAME	SHIRLEY BYKE		
STREET ADDRESS	528 BARCELONA #112			3.3 STREET ADDRESS	528 Barcelona #112		
CITY-ST-ZIP	VENICE FL			3.4 CITY-ST-ZIP	Venice FL 34285		
TITLE	DT	<input type="checkbox"/> DELETE		4.1 TITLE	DT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JOHNSON, IRENE D			4.2 NAME	IRENE JOHNSON		
STREET ADDRESS	200 N. PARK BLVD. #201			4.3 STREET ADDRESS	200 N Park Blvd #201		
CITY-ST-ZIP	VENICE FL			4.4 CITY-ST-ZIP	Venice FL 34285		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, RALPH			5.2 NAME	LORRAINE BELL		
STREET ADDRESS	200 N. PARK BLVD. #205			5.3 STREET ADDRESS	528 Barcelona #114		
CITY-ST-ZIP	VENICE FL			5.4 CITY-ST-ZIP	Venice FL 34285		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 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: *Irene Johnson* Irene Johnson, Treasurer DATE: 1-31-97

CR2E037 (9/96)