

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 08/11/1970		
4. FEI Number 59-1432047	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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 Shirley Byke	
82 Street Address (P.O. Box Number is Not Acceptable) 528 Barcelona Ave. #112	
83 City Venice	
84 State FL	85 Zip Code 34285

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 Shirley Byke **Shirley Byke, Secretary/Treasurer** **4-10-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, RALPH	
STREET ADDRESS	200 N PARK BLVD #205	
CITY-ST-ZIP	VENICE FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CASEY, JAMES	
STREET ADDRESS	200 N. PARK BLVD. #104	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BYKE, SHIRLEY	
STREET ADDRESS	528 BARCELONA #112	
CITY-ST-ZIP	VENICE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, IRENE D	
STREET ADDRESS	200 N. PARK BLVD. #201	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, RALPH	
STREET ADDRESS	200 N. PARK BLVD. #205	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BELL, LORRAINE	
STREET ADDRESS	528 BARCELONA #114	
CITY-ST-ZIP	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE DP	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jack Erkilla	
1.3 STREET ADDRESS	200 N Park Blvd #104	
1.4 CITY-ST-ZIP	Venice FL 34285	
2.1 TITLE VD	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lorraine Bell	
2.3 STREET ADDRESS	528 Barcelona Ave. #114	
2.4 CITY-ST-ZIP	Venice FL 34285	
3.1 TITLE S/T	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Shirley Byke	
3.3 STREET ADDRESS	528 Barcelona Ave. #112	
3.4 CITY-ST-ZIP	Venice FL 34285	
4.1 TITLE D	Moyle Langille	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Moyle Langille	
4.3 STREET ADDRESS	200 N Park Blvd. #203	
4.4 CITY-ST-ZIP	Venice FL 34285	
5.1 TITLE D	Florence Huyer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Florence Huyer	
5.3 STREET ADDRESS	528 Barcelona #113	
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 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: Shirley Byke **SHIRLEY BYKE** **4-10-98** **941-485-3750**

CR2E037 (10/97)