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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 719289

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/11/1970

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1432047

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BYKE, SHIRLEY  
 528 BARCELONA AVE #112  
 VENICE FL 34285

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 *Shirley Byke*, Secretary/Treasurer

4-12-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
 NAME ERKILLA, JACK  
 STREET ADDRESS 200 N PARK BLVD #104  
 CITY-ST-ZIP VENICE FL 34285

1.1 TITLE D  Change  Addition  
 1.2 NAME ALICE MORINI  
 1.3 STREET ADDRESS 528 Barcelona #217  
 1.4 CITY-ST-ZIP Venice FL 34285

TITLE VD  DELETE  
 NAME BELL, LORRAINE  
 STREET ADDRESS 528 BARCELONA AVE #114  
 CITY-ST-ZIP VENICE FL 34285

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE ST  DELETE  
 NAME BYKE, SHIRLEY  
 STREET ADDRESS 528 BARCELONA AVE #112  
 CITY-ST-ZIP VENICE FL 34285

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME LANGILLE, MOYLE  
 STREET ADDRESS 200 N PARK BLVD #203  
 CITY-ST-ZIP VENICE FL 34285

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE D  DELETE  
 NAME HUYER, FLORENCE  
 STREET ADDRESS 528 BARCELONA #113  
 CITY-ST-ZIP VENICE FL 34285

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE: *Shirley Byke* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

941-485-3750

Date

Daytime Phone #

CR2E037 (11/98)