2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90066 009 ****61.25

0077317

DOCUMENT # 719289

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1432047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BYKE, SHIRLEY 528 BARCELONA AVE #112 VENICE FL 34285	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Shirley Byke Shirley Byke, Secretary April 20, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ERKILLA, JACK 200 N PARK BLVD #104 VENICE FL 34285	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	SHIRLEY BYKE 528 Barcelona #112 Venice FL 34285	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELL, LORRAINE 528 BARCELONA AVE #114 VENICE FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BYKE, SHIRLEY 528 BARCELONA AVE #112 VENICE FL 34285	☒ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	BRUCE WHALEN 200 Park Blvd. #108 Venice FL 34285	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORINI, ALICE 528 BARCELONA #217 VENICE FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUYER, FLORENCE 528 BARCELONA #113 VENICE FL 34285	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Shirley Byke Shirley Byke APR 20, 2001 941-485-3750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #