

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719289

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** THE BRISTOL HOUSE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

528 BARCELONA AVE.  
VENICE, FL 34285

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ANTARES GROUP, INC.  
4195 S. TAMIAMI TR., PMB #173  
VENICE, FL 34293

**New Mailing Address:**

**FEI Number:** 59-1432047

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANTARES GROUP, INC.  
4195 S. TAMIAMI TR., PMB #173  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RICK, SANTOS  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: VD  
Name: WOZNIAK, DELLA  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: S  
Name: ZIMMER, DAVID  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: T  
Name: CROTTY, DENNIS  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

Title: M  
Name: MONTALBANO, ANTONIO  
Address: 4195 S. TAMIAMI TR., PMB #173  
City-St-Zip: VENICE, FL 34293

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA C. KRUMENAKER

MGR

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date