## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

(0)

EAST LAKE BUNGALOWS HOME OWNERS' ASSOCIATION, IN

## **FILED** Mar 26 1998 8:00am Secretary of State

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<b>O</b> .								
Principal Place of Business Mailing Address					T THE SATISMENT OF THE BUILDING THE STREET OF THE STREET O	- 1981   FIGUR BARN BIRN   1981		
% BRISTOL MANAGEMENT INC 103 SO. US HWY 1 #F5-135 JUPITER FL 33477	% BRISTOL MANAGEMENT INC 103 SO. US HWY 1 #F5-135 JUPITER FL 33477  2s. Mailing Address 26 Suite, Apt. #, etc. 27				3. Date Incorporated or Qualified 12/08/1980			
Antien in Mali					4. FEI Number 59-2073031	Applied For Not Applicable		
2. Principal Place of Business				, , , , , , , , , , , , , , , , , , , ,	5. Certificate of Status Desired \$8.75 Addit Fee Require			
Suite, Apt. #, etc.					Election Campalgn Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State	City & State				7. Is this nonprofit corporation a homeowners association?			
Zip Country 28	Zip Country <b>30</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
			81	Name				
INGLIS, STEVE PCAM BRISTOL MANAGEMENT			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
103 SO US HWY 1 #F5-135			83					
JUPITER FL 33477			84	City	FL	85 Zip Code		
<ol> <li>Pursuant to the provisions of Sections 617.0 office or registered agent, or both, in the Str</li> </ol>	1502 and 617.1508, Flo ate of Florida. Such ch	rida Statutes, the a	above ed by	named corporation the corporation	pration submits this statement for the purpose con's board of directors. I hereby accept the ap	of changing its registered pointment as registered		

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE				·					
	Signature, typed or printed name of registered agent ar			required when reinstating) DATE		- · · · · ·			
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	& V	DELETE	1.1 TITLE		Change	" :udition			
NAME	ritz, gerald		1.2 NAME			1			
STREET ADDRESS	2051 WIGHTMAN DRIVE		1.3 STREET ADDRESS			_			
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP						
TITLE	SD	DELETE	2.1 TITLE	D Curali:	Change	Addition			
NAME	Kautman, Kenneth		2.2 NAME	Scott Swerain					
STREET ADDRESS	2108 WIGHTMAN DRIVE		2.3 STREET ADDRESS	13125 SOUTHERDS PA.		,			
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-ST-ZIP	Scotl Swerdlin 13125 Southfields Rd. Wellington, FL. 33414					
TITLE	PD	DELETE	3.1 TITLE		☐ Change	Addition			
NAME	CALLERY, JAMES		3.2 NAME						
STREET ADDRESS	11679 WIMBLEDON CIR		3.3 STREET ADDRESS						
CITY-ST-ZIP	W PALM BCH FL		3.4. CITY-ST-ZIP						
TITLE	TD	DELETE	4.1 TITLE	D	Change	Addition			
NAME	BARD, ALFRED		4.2 NAME	Rathy moore, a. L.					
STREET ADDRESS	2147 WIGHTMAN DRIVE		4.3 STREET ADDRESS	11675 Windledon Circle					
CITY-ST-ZIP	W PALM BCH. FL		4.4 CITY-ST-ZIP	Rathy moore 11675 Wimbledon Circle Welyngton, FL. 33414					
TITLE	D	DELETE	5.1 TITLE	D	Change	Addition			
HAME	Kropif, anne		5.2 NAME	Ronald Beard 2107 Wightman Dr. Wellington, Fl. 33414					
STREET ADDRESS	2131 WIGHTMAN DRIVE		5.3 STREET ADDRESS	2107 Wightman M.					
CITY-ST-ZIP	W PALM BEACH FL		5.4 City-St-ZiP	Welling to 1, Fe - 33414					
TITLE	D	☐ DELETE	6.1 TITLE		Change	Addition			
NAME	Kaufman, Kenneth		6.2 NAME			<b>,</b>			
STREET ADDRESS	2108 WITHTMAN DRIVE		6.3 STREET ADDRESS						
CITY-ST-ZIP	W PALM BEACH FL		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: