

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90175 024 \*\*\*\*61.25

**DOCUMENT # 755414**

1. Corporation Name

**EAST LAKE BUNGALOWS HOME OWNERS' ASSOCIATION, IN  
C.**

Principal Place of Business

% BRISTOL MANAGEMENT INC  
103 SO. US HWY 1 #F5-135  
JUPITER FL 33477

Mailing Address

% BRISTOL MANAGEMENT INC  
103 SO. US HWY 1 #F5-135  
JUPITER FL 33477



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/08/1980

4. FEI Number

59-2073031

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

INGLIS, STEVE PCAM  
BRISTOL MANAGEMENT  
103 SO US HWY 1 #F5-135  
JUPITER FL 33477

10. Name and Address of New Registered Agent

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

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 P ☐ DELETE

NAME RITZ, GERALD  
STREET ADDRESS 2051 WIGHTMAN DRIVE  
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ DELETE

NAME SWERDLIN, SCOTT  
STREET ADDRESS 13125 SOUTHFIELDS RD  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE PD ☒ DELETE

NAME CALLERY, JAMES  
STREET ADDRESS 11679 WIMBLEDON CIR  
CITY-ST-ZIP W PALM BCH FL

TITLE D ☐ DELETE

NAME MOORE, KATHY  
STREET ADDRESS 11675 WIMBLEDON CIRCLE  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☐ DELETE

NAME BEARD, RONALD  
STREET ADDRESS 2107 WIGHTMAN DR  
CITY-ST-ZIP WELLINGTON FL 33414

TITLE D ☒ DELETE

NAME KAUFMAN, KENNETH  
STREET ADDRESS 2108 WITHTMAN DRIVE  
CITY-ST-ZIP W PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME VPD  
RITZ, Gerald  
1.3 STREET ADDRESS 2051 Wightman Dr.  
1.4 CITY-ST-ZIP Wellington, FL 33414

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Hanan, Jerome  
2.3 STREET ADDRESS 2075 Wightman Dr.  
2.4 CITY-ST-ZIP Wellington, FL 33414

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Naffah, Paul  
3.3 STREET ADDRESS 11677 Wimbledon Circle  
3.4 CITY-ST-ZIP Wellington, FL 33414

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME TD  
moore, Kathy  
4.3 STREET ADDRESS 11675 Wimbledon Circle  
4.4 CITY-ST-ZIP Wellington, FL 33414

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME PD  
Beard, Ronald  
5.3 STREET ADDRESS 2107 Wightman Dr.  
5.4 CITY-ST-ZIP Wellington, FL 33414

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

561-575-3551

Daytime Phone #

0046791

CR2E037 (11/98)