

**2004 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

DOCUMENT # N00000006395
 1. Entity Name
**BRISTOL BAY I OF LEGENDS CONDOMINIUM
 ASSOCIATION, INC.**



FILED
 04 OCT 18 PM 1:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**12734 KENWOOD LANE
 STE 52
 MIAMI, FL 33186**

Mailing Address
**% MMI
 14275 SW 142 AVE
 MIAMI, FL 33186**

2. Principal Place of Business
40 MMI

3. Mailing Address
MMI

Suite, Apt. #, etc.
28731 S. CAROL CT. #6

Suite, Apt. #, etc.
14275 SW 142 AVE

City & State
BONITA SPRINGS, FL

City & State
MIAMI, FL

Zip
34135

Country
USA

09302004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1051463

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent

**TROPICAL ISLES MANAGEMENT
 12734 KENWOOD LANE STE 52
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name
RICHARD DeBOEST, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
1415 HENDRY STREET

City
FT. MYERS FL

Zip Code
33902

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RICHARD DeBOEST - ATTORNEY 10/5/2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRAIG, ROBERT 14350 BRISTOL BAY PLACE #203 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CESARINI, DON 14350 BRISTOL BAY PLACE #203 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500041939625 10/18/04--01070--015 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEWIS, SANDRA 14350 BRISTOL BAY PL #203 FORT MYERS, FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR LAW, JOSEPH 14350 BRISTOL BAY PLACE #203 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEBRIERE, SHARON 14350 BRISTOL BAY PLACE #402 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **10/8/04 239-225-1510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #