

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006395

FILED  
Mar 19, 2010  
Secretary of State

**Entity Name:** BRISTOL BAY I OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

FEI Number: 90-0226043      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434, SUITE 5000  
LONGWOOD, FL 327795044 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: LAW, JOE  
Address: 14350 BRISTOL BAY PL #201  
City-St-Zip: FORT MYERS, FL 33912

Title: VPD  
Name: CESARINI, DON  
Address: 14350 BRISTOL BAY PLACE #205  
City-St-Zip: FORT MYERS, FL 33912

Title: SD  
Name: FOLEY, SANDRA  
Address: 14350 BRISTOL BAY PL #203  
City-St-Zip: FORT MYERS, FL 33912

Title: TD  
Name: DYSINGER, DENNY  
Address: 14350 BRISTOL BAY PL #103  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: CRAIG, ROBERT  
Address: 14340 BRISTOL BAY PL #104  
City-St-Zip: FORT MYERS, FL 33912

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: JOE LAW

PD

03/19/2010

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

\_\_\_\_\_  
Date