

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 91895 037 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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



55046843

Principal Place of Business
 13891 JETPORT LOOP
 SUITES 9 & 10
 FORT MYERS FL 33912

Mailing Address
 13891 JETPORT LOOP
 SUITES 9 & 10
 FORT MYERS FL 33912

2. Principal Place of Business
 12734 Kenwood Lane
 Suite, Apt. #, etc. Suite 52
 City & State Fort Myers FL

3. Mailing Address
 12734 Kenwood Lane
 Suite, Apt. #, etc. Suite 52
 City & State Fort Myers FL



CHECK HERE IF MAKING CHANGES

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
SHIELDS, CHRISTOPHER J
 1833 MEMORY STREET
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent
 Name Tropical Isles Management
 Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Lane, Suite 52
 City Fort Myers FL FL Zip Code 33907

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 [Signature] DON Boedding, CAM DATE 4-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE 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	<u>PD</u> <u>DEBITTO, JOHN</u> <u>13891 JETPORT LOOP - SUITES 9 & 10</u> <u>FORT MYERS FL 33913</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<u>P, D</u> <u>Robert Craig</u> <u>14340 Bristol Bay PL #104</u> <u>Ft. Myers, FL 33912</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VD</u> <u>BROWN, TOM</u> <u>13891 JETPORT LOOP - SUITES 9 & 10</u> <u>FORT MYERS FL 33913</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<u>VP, D</u> <u>Marshall Seidman</u> <u>14340 Bristol Bay PL # 308</u> <u>Ft. Myers, FL 33912</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <u>KNOWLES, KIRK</u> <u>13891 JETPORT LOOP - SUITES 9 & 10</u> <u>FORT MYERS FL 33912</u>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<u>ST, D</u> <u>Sandra Lewis</u> <u>14350 Bristol Bay PL # 203</u> <u>Ft. Myers, FL 33912</u>
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
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: [Signature] Robert T. Craig DATE 4-24-03
Signature and typed or printed name of signing officer or director

239-225-1510
 Date Daytime Phone #

CR2E037 (10/02)