

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90204 023 \*\*\*\*61.25

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MOORE CR2E037 (11/03)

<b>DOCUMENT # N00000006398</b>			
1. Entity Name <b>BRISTOL BAY COMMONS ASSOCIATION, INC.</b>			
Principal Place of Business 10471 SIX MILE CYPRESS PKWY, STE 2 FORT MYERS FL 33912		Mailing Address 10471 SIX MILE CYPRESS PKWY FORT MYERS FL 33912	
2. Principal Place of Business 12734 Kenwood Ln. Suite, Apt. #, etc. Suite 49		3. Mailing Address 12734 Kenwood Ln. Suite, Apt. #, etc. Suite 49	
City & State Ft. Myers, FL		City & State Ft. Myers	
Zip 33907 Country		Zip FL Country	
4. FEI Number 65-1051458		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <del>SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS FL 33901</del>		7. Name and Address of New Registered Agent Name Tropical Isler Management Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Ln., Suite 49 City Ft. Myers 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME DEBITETTO, JOHN STREET ADDRESS 10471 SIX MILE CYPRESS PKWY, STE 2 CITY-ST-ZIP FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME BROWN, TOM STREET ADDRESS 10471 SIX MILE CYPRESS PKWY, STE 2 CITY-ST-ZIP FORT MYERS FL 33912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD NAME KNOWLES, KIRK STREET ADDRESS 10471 SIX MILE CYPRESS PKWY, STE 2 CITY-ST-ZIP 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	<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 ASM NAME Don Roedding STREET ADDRESS 12734 Kenwood Ln., #49 CITY-ST-ZIP Ft. Myers, FL 33907	<input type="checkbox"/> Change <input checked="" 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)(f), 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:		Date 4/29/04 Daytime Phone # (239) 939-2999	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			