


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90019 029 ****61.25

DOCUMENT # N00000006398

1. Entity Name
BRISTOL BAY COMMONS ASSOCIATION, INC.



Principal Place of Business
 12734 KENWOOD LN STE 49
 FORT MYERS, FL 33907

Mailing Address
 12734 KENWOOD LN STE 49
 FORT MYERS, FL 33907

50056958



2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1051458		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		05112005 Chg-NP		CR2E037 (10/03)	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

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 _____

Filing Fee is \$61.25 Due by September 7, 2005	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEBITETTO, JOHN			NAME	Bob Craig		
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY, STE 2			STREET ADDRESS	14340 Bristol Bay Pl #104		
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BROWN, TOM			NAME	John Forkin		
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY, STE 2			STREET ADDRESS	6140 Sugar Maple Dr.		
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	Westerville, OH 43082		
TITLE	STD	<input checked="" type="checkbox"/> Delete		TITLE	STD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KNOWLES, KIRK			NAME	Mike Donley		
STREET ADDRESS	10471 SIX MILE CYPRESS PKWY, STE 2			STREET ADDRESS	14310 Bristol Bay Pl #301		
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	Ft. Myers, FL 33912		
TITLE	ASM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REDDING, DON			NAME			
STREET ADDRESS	12734 KENWOOD LN, #49			STREET ADDRESS			
CITY-ST-ZIP	FORT MYERS, FL 33907			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Don Redding 5/1/05 (239) 535-2999

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