


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2007 8:00 am**  
**Secretary of State**

05-10-2007 90020 036 \*\*\*\*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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-1051458**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**TROPICAL ISLES MANAGEMENT  
 12734 KENWOOD LN, STE 49  
 FORT MYERS, FL 33907**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25 Due by May 1, 2007**

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

TITLE	<del>PD-T</del>	<input checked="" type="checkbox"/> Delete
NAME	CRAIG, BOB	
STREET ADDRESS	14340 BRISTOL BAY PL, # 104	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FORKIN, JOHN	
STREET ADDRESS	6140 SUGAR MAPLE DR	
CITY-ST-ZIP	WESTERVILLE, OH 43082	
TITLE	<del>STB Donley</del>	<input type="checkbox"/> Delete
NAME	BANKLEY, MIKE	
STREET ADDRESS	14310 BRISTOL BAY PL, # 301	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	ASM	<input type="checkbox"/> Delete
NAME	REDDING, DON	
STREET ADDRESS	12734 KENWOOD LN, #49	
CITY-ST-ZIP	FORT MYERS, FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Law	
STREET ADDRESS	14850 Bristol Bay PL # 201	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: 4/19/07 Daytime Phone #: 939-2155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR