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May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002473 (6)

1. Corporation Name

BRISTOL HARBOUR PROPERTY OWNERS ASSOCIATION, INC



Principal Place of Business

Mailing Address

**5517 SW 69 TERRACE
GAINESVILLE FL 32608**

**5517 SW 69 TERRACE
GAINESVILLE FL 32608-4541**

3. Date Incorporated or Qualified 05/16/1994		3a. Date of Last Report 03/25/1996	
4. FEI Number 59-3367063		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
25 Country		30 Country	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RITCH, BEVIN G 1418 NW 6 STREET GAINESVILLE FL 32601		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, DAVID M	1.2 NAME	MILLER, DAVID M.
STREET ADDRESS	5517 SW 69 TERRACE	1.3 STREET ADDRESS	5517 SW 69 TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32608	1.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKS, THOMAS P JR.	2.2 NAME	
STREET ADDRESS	5517 SW 69 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICE, CARLA	3.2 NAME	BRICE, CARLA
STREET ADDRESS	5517 SW 69 TERRACE	3.3 STREET ADDRESS	5517 SW 69 TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32608	3.4 CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	JOHNS, WILLIAM GLENN
STREET ADDRESS		4.3 STREET ADDRESS	PO BOX 925
CITY-ST-ZIP		4.4 CITY-ST-ZIP	STARKE, FL 32091-0925
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David M. Miller REQUIRED **DAVID M. MILLER** 4/24/97 372-7736 (352)

CR2E037 (9/96)