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Apr 14, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N96000003662

1. Corporation Name
BRISTOL PARC AT GATEWAY HOMEOWNERS' ASSOCIATION, INC.

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| Principal Place of Business 14581 WESTPORT DRIVE FORT MYERS FL 33908 | Mailing Address 9220 BONITA BEACH RD SUITE 215 BONITA SPRINGS FL 34135 US |
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|--------------------------------|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 07/11/1996 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 65-0700822 |
| 22 City & State | 27 City & State | Applied For Not Applicable |
| 23 Zip | 28 Zip | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 24 Country | 29 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|--|---|--|-----------|
| 9. Name and Address of Current Registered Agent DAVIES, CHRISTOPHER N ESQ ALLEN, KNUDSEN, DEBOEST & ROBERTS, P.A. 1415 HENDRY STREET FORT MYERS FL 33901 | | 10. Name and Address of New Registered Agent | |
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City |
| | | 85 Zip Code | FL |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLPERT, GREG G | 1.2 NAME | Wolpert, Greg |
| STREET ADDRESS | 9220 BONITA BEACH RD. #215 | 1.3 STREET ADDRESS | 9220 Bonita Beach Rd., #215 |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | 1.4 CITY-ST-ZIP | Bonita Springs, FL 34135 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | D/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MEEKS, WILLIAM M. | 2.2 NAME | Meeks, William M. |
| STREET ADDRESS | 9220 BONITA BEACH RD. #215 | 2.3 STREET ADDRESS | 9220 Bonita Beach Rd., #215 |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | 2.4 CITY-ST-ZIP | Bonita Springs, FL 34135 |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRIFFITH, R S | 3.2 NAME | |
| STREET ADDRESS | 9220 BONITA BEACH RD #215 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BONITA SPRINGS FL 34135 | 3.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 4.1 TITLE | AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BECHLET, RICHARD | 4.2 NAME | Bechtel, Richard |
| STREET ADDRESS | 3435 10TH ST W. STE 201 | 4.3 STREET ADDRESS | 3435 - 10th St. N., #201 |
| CITY-ST-ZIP | NAPLES FL 34103 | 4.4 CITY-ST-ZIP | Naples, FL 34103 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 5.2 NAME | Granchelli, Victor |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 13270 Highland Chase Place |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | Ft. Myers, FL |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 6.2 NAME | Miller, Bill |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 13286 Highland Chase Place |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | Ft. Myers, FL |

14. 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 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, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED** *3/31/99* (941)498-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)