



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90149 029 ****61.25

DOCUMENT # N96000003662					
1. Entity Name BRISTOL PARC AT GATEWAY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business TROPICAL ISLES MANAGEMENT 12734 KENWOOD LANE SU 49 FORT MYERS, FL 33907			Mailing Address TROPICAL ISLES MANAGEMENT, 12734 KENWOOD LANE SU 49 FORT MYERS, FL 33907 US		
2. Principal Place of Business		3. Mailing Address		24069244 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0700822	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH E 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912-0000				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	DP FREELOVE, LES 13224 BRISTOL PARK WAY FORT MYERS, FL 33913	<input checked="" 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	DVP NORMAN, TIM 13772 BRISTOL PARK WAY FORT MYERS, FL 33913	<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	DT WHITFIELD, MARC 13224 HASTINGS LANE FORT MYERS, FL 33913	<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	DS DEPRECINI, LAUREN 13364 BRISTOL PARK WAY FORT MYERS, FL 33913	<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	D DEPRECINI, MICHAEL 13364 BRISTOL PARK WAY FORT MYERS, FL 33913	<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
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: <i>Marc Whitfield</i> <i>Marc Whitfield</i> <i>Treasurer</i> <i>4-26-04</i> <i>239-433-2444</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					