


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90118 010 ****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			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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		7. Name and Address of New Registered Agent			
ADAMS, JOSEPH E 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912-0000		Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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, 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FREELOVE, LES		NAME		
STREET ADDRESS	13224 BRISTOL PARK WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NORMAN, TIM		NAME	D Scott Ayers	
STREET ADDRESS	13772 BRISTOL PARK WAY		STREET ADDRESS	13260 Hastings Lane	
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP	Fort Myers, FL 33913	
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITFIELD, MARC		NAME		
STREET ADDRESS	13224 HASTINGS LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEPRECINI, LAUREN		NAME		
STREET ADDRESS	13364 BRISTOL PARK WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEPRECINI, MICHAEL		NAME		
STREET ADDRESS	13364 BRISTOL PARK WAY		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33913		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	P John Cali	
STREET ADDRESS			STREET ADDRESS	13216 Bristol Parc Way	
CITY-ST-ZIP			CITY-ST-ZIP	FT. MYERS FL 33913	
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: Lauren Debrezeni SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3-22-05 239.768.5244 Date Daytime Phone #		

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