2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 10, 2006 8:00 am Secretary of State 05-10-2006 90094 041 ****61.25

DOCUMENT # N96000003662

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



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. M		3. Mailing Addre	Mailing Address				H MIRRY WOULD BANK DANK MI	HIII Ballaa iikk		CANDO DY ADALA	
Suite, Apt.	#, etc.	Suite, Apt. #	Suite, Apt. #, etc.			05012006 C	hg-NP	CR2E03	7 (4/06)		
City & State		City & State	City & State			4. FEI Number Applied F 65-0700822 Not Applie					
Zip	Country Zip		Cour		5. Certificate of Status Desired		latus Desired	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				Ţ		7. Name and Add	dress of New Reg	istered Aç	ent		
ADAMS, JOSEPH E					Name						
	TROPOLIS AVE			Street Address (P.O. Box Number is I			Not Acceptable)				
FT MYERS, FL 33912-0000											
								FL	Zip Cod	e	
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 SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee Is \$61.25 Due by May 1, 2006			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 DIE	RECTORS	11.			DDITIONS/CHANC	SES TO OFFICERS	AND DIRE	CTORS IN	10	
TITLE	D AVERS SOOT	□ D		TLE	D				Change	Addition	
NAME STREET ADDRESS	AYERS, SCOTT 13260 HASTINGS LANE			ame Treet address	Shul	ite, Itugo 48 Hastins	. ا معا				
CITY-ST-ZIP	FORT MYERS, FL 33913			TY-ST-ZIP	C.F	Myers, TZ	33913				
TITLE	DT	<u> </u>	elete Ti	TLE	σ	•			Change	Addition	
NAME	WHITFIELD, MARC		N.	AME	1201	mann, Wei	I FSG 18		_ •		
STREET ADDRESS	13224 HASTINGS LANE			TREET ADDRESS	1321	3 Hamph TH Nyers,	on Park Ct				
CITY-ST-ZIP	FORT MYERS, FL 33913 DS	<u> </u>		TLE	10	TH MY SUS,	r 35913		Change	D Marie	
TITLE Name	DEPRECINI, LAUREN	LEU		AME					change	☐ Addition	
STREET ADDRESS	13364 BRISTOL PARK WAY		S	TREET ADDRESS							
CITY-ST-ZIP	FORT MYERS, FL 33913		C	TY-ST-ZIP							
TITLE	D	□ □		TLE				ļ	Change	☐ Addition	
NAME STREET ADDRESS	DEPRECINI, MICHAEL 13364 BRISTOL PARK WAY			ame Freet address							
CITY-ST-ZIP	FORT MYERS, FL 33913			ITY-ST-ZIP							
TITLE	P		elete Ti	TLE					Change	☐ Addition	
NAME	CALI, JOHN		N.	AME						,	
STREET ADDRESS	13216 BRISTOL PARC WAY			TREET ADDRESS							
CITY-ST-ZIP	FORT MYERS, FL 33913			TY-ST-ZIP							
TITLE		□ o		TLE AME					Change	Addition	
NAME Street address				TREET ADDRESS							
CITY-ST-ZIP				TY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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: