


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90048 011 ****61.25

DOCUMENT # N96000006194					
1. Entity Name BULLARD SUBDIVISION HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 11550 TAMiami TRAIL EAST NAPLES, FL 34113 US			Mailing Address 11550 TAMiami TRAIL EAST NAPLES, FL 34113 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DURSO, SAMUEL 891 PARTRIDGE COURT MARCO ISLAND, FL 34145				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURSO, SAMUEL			NAME	
STREET ADDRESS	891 PARTRIDGE COURT			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 341455825			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIGA, ROBERT E			NAME	
STREET ADDRESS	1120 LITTLE NECK LANE CT E-51			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURSO, MARY ANN			NAME	
STREET ADDRESS	891 PORTRIDGE COURT			STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, THOMAS			NAME	
STREET ADDRESS	704 TURKEY OAK LANE			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34108			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANADA, JOSE			NAME	TREASURER
STREET ADDRESS	831 PARTRIDGE COURT			STREET ADDRESS	ROBERT HAMMOND
CITY-ST-ZIP	MARCO ISLAND, FL 34145			CITY-ST-ZIP	3810 GROTON COURT
TITLE		<input type="checkbox"/> Delete		TITLE	NAPLES, FL 34112
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 title empowered.					
SIGNATURE: <i>[Signature]</i> SAMUEL DURSO 12/10/04 (239) 775-0036					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					