2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# N94000002473

Entity Name: BRISTOL HARBOUR PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MACOR REALITY, INC
PO BOX 140502
GAINESVILLE, FL 32614

New Principal Place of Business:

Current Mailing Address:

PO BOX 140502
GAINESVILLE, FL 32614 US

New Mailing Address:

FEI Number: 59-3367063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MACOR REALITY, INC.
10404 SW 24TH AVENUE
GAINESVILLE, FL 32614 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHULTHEIS, SUSAN
Address: PO BOX 1071
City-St-Zip: MELROSE, FL 32666

Title: S/T ( ) Delete
Name: ANDERSON, JON
Address: 1224 NW 9 AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: VP ( ) Delete
Name: BECKETT, BRETT
Address: PO BOX 109
City-St-Zip: EARLETON, FL 32631

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KEMP, PAM
Address: 102224 SW 23 AVE
City-St-Zip: GAINESVILLE, FL 32607

Title: VD (X) Change ( ) Addition
Name: STREEPER, MIKE
Address: 523 GARRAD DR
City-St-Zip: TEMPLE TERRACE, FL 33617

Title: S/T (X) Change ( ) Addition
Name: BECKETT, BRETT
Address: PO BOX 109
City-St-Zip: EARLETON, FL 32631

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA BEUNING RA 05/01/2005

Electronic Signature of Signing Officer or Director — Date