

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90355 021 ****61.25

DOCUMENT # N94000002473					
1. Entity Name BRISTOL HARBOUR PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business MACOR REALTY, INC PO BOX 140502 GAINESVILLE, FL 32614			Mailing Address PO BOX 140502 GAINESVILLE, FL 32614 JJS		
2. Principal Place of Business		3. Mailing Address PO BOX 1421			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State GAINESVILLE FL		4. FEI Number 59-3367063	
Zip		Country USA		Applied For <input type="checkbox"/> Not Applicable	
32604		32604		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACOR REALTY, INC 10404 SW 24TH AVENUE GAINESVILLE, FL 32614			7. Name and Address of New Registered Agent		
Name			JOSE E MEDINA JR		
Street Address (P.O. Box Number is Not Acceptable)			9116 SW 51ST ROAD		
Suite			SUITE 102 B		
City			GAINESVILLE FL		Zip Code 32608
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: <u>Jose E Medina Jr</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	NAME KEMP, PAM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 102224 SW 23 AVE	GAINESVILLE, FL 32607		STREET ADDRESS	CITY-ST-ZIP	
TITLE VD	NAME STREEPER, MIKE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 523 GARRAD DR	TEMPLE TERRACE, FL 33617		STREET ADDRESS	CITY-ST-ZIP	
TITLE S/T	NAME BECKETT, BRETT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS PO BOX 109	EARLETON, FL 32631		STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS		NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing 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: <u>Samela Kemp</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					