

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006395

**FILED**  
**Apr 12, 2023**  
**Secretary of State**  
**3116358254CC**

**Entity Name:** BRISTOL BAY I OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LN  
SUITE 49  
FORT MYERS, FL 33907

**Current Mailing Address:**

12734 KENWOOD LN  
SUITE 49  
FORT MYERS, FL 33907 US

**FEI Number: 90-0226043**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LN  
SUITE 49  
FORT MYERS, FL 33907 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BOMGAARS, LEE  
Address        12734 KENWOOD LN  
                  SUITE 49  
City-State-Zip: FORT MYERS FL 33907

Title            VP, DIRECTOR  
Name            WITTLICH, JAY  
Address        12734 KENWOOD LN  
                  SUITE 49  
City-State-Zip: FORT MYERS FL 33907

Title            SECRETARY, DIRECTOR  
Name            BAKER, ROBERT  
Address        12734 KENWOOD LN  
                  SUITE 49  
City-State-Zip: FORT MYERS FL 33907

Title            TREASURER  
Name            MILLER, RICHARD  
Address        12734 KENWOOD LN  
                  SUITE 49  
City-State-Zip: FORT MYERS FL 33907

Title            DIRECTOR  
Name            SERVATI, ANNA  
Address        12734 KENWOOD LN  
                  SUITE 49  
City-State-Zip: FORT MYERS FL 33907

*I hereby 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 all other like empowered.*

**SIGNATURE: LEE BOMGAARS**

**PRESIDENT**

**04/12/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date