
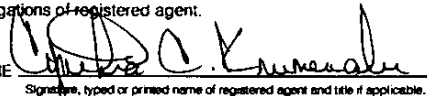
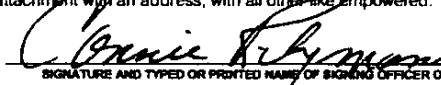


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90075 021 \*\*\*\*61.25

<b>DOCUMENT # 721278</b> 1. Entity Name <b>BRISTOL NORTH ASSOCIATION, INC.</b>					
Principal Place of Business <b>210 PARK BLVD. N</b> <b>VENICE, FL 34285 US</b>			Mailing Address <b>C/O AVIARES GROUP, INC.</b> <b>4195 S. TAMiami TRAIL PMB 3173</b> <b>VENICE, FL 34293 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1511432</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>AVIARES GROUP, INC</b> <b>4195 S. TAMiami TRAIL, PMB #173</b> <b>VENICE, FL 34293</b>				7. Name and Address of New Registered Agent Name <b>ANTARES GROUP, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4195 S. TAMiami TRAIL, PMB #173</b> <b>VENICE FL 34293</b> City <b>FL</b> 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE <b>03.14.07</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>MASTROTOTARO, BEN</b> <b>210 PARK BLVD. N. #224</b> <b>VENICE, FL 34285</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>PATRICK WHEELER</b> <b>210 NORTH PARK BLVD #124</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>SPENDER, MARY</b> <b>210 NORTH PARK BLVD #123</b> <b>VENICE, FL 34285</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>GERALD DONAHAN</b> <b>210 NORTH PARK BLVD #124</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <b>RITZMANN, CONNIE</b> <b>210 PARK BLVD. N. #229</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BOMGARDNER, BETTY</b> <b>210 PARK BLVD. #127</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>JACQUELIN MINED</b> <b>210 NORTH PARK BLVD, #227</b> <b>VENICE, FL 34285</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>3/7/07</b> Daytime Phone #: <b>941-484-7900</b>			