


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90020 021 ****61.25

DOCUMENT # 738423

1. Entity Name
BRISTOL COURT CONDOMINIUM ASSOCIATION OF LAUDERDALE LAKES, INC.



Principal Place of Business
 6383 NW 62ND TERR
 PARKLAND, FL 33067 US

Mailing Address
 PAUL SKARIA
 6383 NW 62ND TERR
 PARKLAND, FL 33067

40049656



2. Principal Place of Business - No P.O. Box #
I+S Management Inc.

3. Mailing Address
2880 W Oakland Park Blvd.

Suite, Apt. #, etc.
2880 W. Oakland Park Blvd. #118 Suite 118

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale, FL

Zip
33311

Country
USA

Zip
33311

Country
USA

02262008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1755366

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SKARIA, PAUL
6383 NW 62ND TERR
PARKLAND, FL 33067

7. Name and Address of New Registered Agent

Name **Suzanna Schmocker**

Street Address (P.O. Box Number is Not Acceptable)
2880 W. Oakland Park Blvd., Suite 118

40 I+S Management Inc.

City **Ft. Lauderdale** **FL** Zip Code **33311**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKARIA, PAUL 6383 NW 62ND TERR PARKLAND, FL 33067 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMAS, SUNNY 7990 NW 159TH TERR MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VRANE, CHARLES 4780 NW 24TH CT. # C 202 LAUDERDALE LAKES, FL 33313 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, ANGEL 4760 NW 24TH CT B 220 LAUDERDALE LAKES, FL 33313 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOTTATHIL, SEBASTIAN 5 WILSON CT ROBINS VILLE, NJ 08691 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNNY, JESSY 7990 NW 159 TH TERR MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillippe D. Pelissier <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4740 NW 24th Court # B-109 Lauderdale Lakes, FL 33313
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN HOWARD <input type="checkbox"/> Change <input type="checkbox"/> Addition 4760 NW 24th Ct # B108
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"/> 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: _____ **04/18/08 754-214-0255**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40049656
 #738423

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARIA Paul 6303 NW 62nd. Terr Parkland, FL 33067 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

he exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

DIRECTOR _____ Date _____ Overtime Phone # _____