

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90070 039 ****61.25

DOCUMENT # N00000002081					
1. Entity Name BISHOPWOOD EAST I OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business TROPICAL ISLES 12734 KENWOOD LANE, STE. 49 FORT MYERS, FL 33907			Mailing Address TROPICAL ISLES 12734 KENWOOD LANE, STE. 49 FORT MYERS, FL 33907		
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 65-1057644	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TUCK, HEATHER TROPICAL ISLES 12734 KENWOOD LANE, STE. 49 FORT MYERS, FL 33907			Name TROPICAL ISLES MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 12734 KENWOOD LANE SUITE 49 City FT. MYERS FL 33907		
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. <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 D NAME BELLORA, RON STREET ADDRESS 3976 BISHOPWOOD CT EAST #203 CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME DOYLE, DENNIS STREET ADDRESS PRESIDENT CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME DOYLE, DENIS STREET ADDRESS 3980 BISHOPWOOD CT., E, #201 CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME BYRNES, JUNE STREET ADDRESS 3976 BISHOPWOOD COURT EAST, UNIT 206 CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME KOVACH, RON STREET ADDRESS 3972 BISHOPWOOD CT EAST CITY-ST-ZIP NAPLES, FL 34114	<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 GARY BUBB STREET ADDRESS 3976 BISHOPWOOD CT E # 101 CITY-ST-ZIP NAPLES, FL 34114	<input type="checkbox"/> Change <input checked="" 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 of 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: _____			Date 2/13/08 Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					