

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002081

FILED
Apr 06, 2009
Secretary of State

Entity Name: BISHOPWOOD EAST I OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TROPICAL ISLES
12734 KENWOOD LANE, STE. 49
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

TROPICAL ISLES
12734 KENWOOD LANE, STE. 49
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-1057644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUCK, HEATHER
TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

LINDSEY, MILISSA
TROPICAL ISLES MANAGEMENT
12734 KENWOOD LANE
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: MILISSA LINDSEY

04/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELLORA, RON
Address: 3976 BISHOPWOOD CT EAST #203
City-St-Zip: NAPLES, FL 34114

Title: P () Delete
Name: DOYLE, DENNIS
Address: 3980 BISHOPWOOD CT., E, #201
City-St-Zip: NAPLES, FL 34114

Title: S () Delete
Name: BYRNES, JUNE
Address: 3976 BISHOPWOOD COURT EAST, UNIT 206
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: KOVACH, RON
Address: 3972 BISHOPWOOD CT EAST
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: BUBB, GARY
Address: 3976 BISHOPWOOD CTE #101
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MILISSA LINDSEY

RA

04/06/2009

Electronic Signature of Signing Officer or Director

Date