


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90014 049 \*\*\*\*61.25

<b>DOCUMENT # N00000006398</b>	
1. Entity Name <b>BRISTOL BAY COMMONS ASSOCIATION, INC.</b>	

Principal Place of Business <b>12734 KENWOOD LN STE 49 FORT MYERS, FL 33907</b>	Mailing Address <b>12734 KENWOOD LN STE 49 FORT MYERS, FL 33907</b>
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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

6. Name and Address of Current Registered Agent	
<b>TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN, STE 49 FORT MYERS, FL 33907</b>	

**40062102**

01092008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-1051458</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAW, JOE</b>	NAME	
STREET ADDRESS	<b>14850 BRISTOL BAY PL #201</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORKIN, JOHN</b>	NAME	
STREET ADDRESS	<b>6140 SUGAR MAPLE DR</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTERVILLE, OH 43082</b>	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DONLEY, MIKE</b>	NAME	
STREET ADDRESS	<b>14310 BRISTOL BAY PL, # 301</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS, FL 33912</b>	CITY-ST-ZIP	
TITLE	ASM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REDDING, DON</b>	NAME	
STREET ADDRESS	<b>12734 KENWOOD LN, #49</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS, FL 33907</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **3-24-08** **239-768-6001**

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