



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90025 006 ****61.25

DOCUMENT # N00000006741					
1. Entity Name BISHOPWOOD WEST II OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN., STE 49 FORT MYERS, FL 33907			Mailing Address TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN., STE 49 FORT MYERS, FL 33907		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
4. FEI Number 65-1051469				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TROPICAL ISLES MANAGEMENT 12734 KENWOOD LN., STE 49 FORT MYERS, FL 33907			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD	NAME MIZWICKI, GERALD		<input type="checkbox"/> Delete		
STREET ADDRESS 3959 BISHOPWOOD CT WEST, #102					
CITY-ST-ZIP NAPLES, FL 34114					
TITLE DVP	NAME BROZETTI, FRANK		<input type="checkbox"/> Delete		
STREET ADDRESS 4386 ELMHURST BLVD.					
CITY-ST-ZIP MOSCOW, PA 18444					
TITLE DT	NAME DUNCAN, TIMOTHY		<input type="checkbox"/> Delete		
STREET ADDRESS 3970 BISHOPWOOD CT. WEST, #101					
CITY-ST-ZIP NAPLES, FL 34114					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 					
CITY-ST-ZIP 					
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 					
CITY-ST-ZIP 					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Don Redding</u> 5/11/05 - (239) 939-2591					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					