

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001063

FILED  
Mar 04, 2011  
Secretary of State

**Entity Name:** BRISTOL BAY III OF LEGENDS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12734 KENWOOD LN.  
SUITE 49  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

12734 KENWOOD LN.  
SUITE 49  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** 04-3649576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TROPICAL ISLES MANAGEMENT  
12734 KENWOOD LN.  
SUITE 49  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: BERO, SHARON  
Address: 1800 COUNTRY KNOLL LN  
City-St-Zip: ELGIN, IL 60123

Title: S  
Name: GLYN, TIM  
Address: 14300 BRISTOL BAY #205  
City-St-Zip: FORT MYERS, FL 33912

Title: VP  
Name: SMITH, LES  
Address: 14310 BRISTOL BAY #208  
City-St-Zip: FORT MYERS, FL 33912

Title: P  
Name: HELVESTON, DORIS  
Address: 14320 BRISTOL BAY PL #308  
City-St-Zip: FORT MYERS, FL 33912

I hereby 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 all other like empowered.

SIGNATURE: DORIS HELVESTON

P

03/04/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date