


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90073 037 \*\*\*\*61.25

**DOCUMENT # N02117**

1. Entity Name  
**BUNKER HILL PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
 735 COLORADO AVE  
 SUITE 3  
 STUART, FL 34994 US

Mailing Address  
 735 COLORADO AVE  
 SUITE 3  
 STUART, FL 34994 US



2. Principal Place of Business - No P.O. Box #  
**543 NW LAKE WHITNEY PLACE**

3. Mailing Address  
**543 NW LAKE WHITNEY PLACE**

Suite, Apt. #, etc.  
**SUITE 101**

04142008 Chg-NP CR2E037 (12/06)

City & State  
**PORT ST LUCIE FLORIDA**

City & State  
**PORT ST LUCIE FLORIDA**

Zip  
**34986**

Country  
 US

4. FEI Number  
**59-2496254**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent  
**BRISTOL MANAGEMENT SERVICES, INC.**  
 735 COLORADO AVE  
 SUITE 3  
 STUART, FL 34994

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**543 NW LAKE WHITNEY PLACE SUITE 101**  
 City **PORT ST LUCIE** State **FL** Zip Code **34986**

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.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PFAFF, MARY ELLEN 6804 SE BUNKER HILL DR. HOBE SOUND, FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OBERG, MIKE 6793 SE BUNKERHILL DR HOBE SOUND, FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA MCCARTHY, CHARLES 6904 SE BUNKER HILL DR HOBE SOUND, FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GAMBLE, PATRICK 6804 SE BUNKER HILL DR. HOBE SOUND, FL 33455 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 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: Mary Ellen Pfaff 4-16-08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #