

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90148 049 ****61.25

DOCUMENT # N03000003551

1. Entity Name
**BISHOPWOOD EAST II OF FOREST GLEN
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business
**10471 SIX MILE CYPRESS PARKWAY
SUITE 2
FORT MYERS, FL 33912**

Mailing Address
**TROPICAL ISLES MGMT.
12734 KENWOOD LANE, STE. 49
FORT MYERS, FL 33907**

50020652



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05242006

Chg-NP

CR2E037 (4/06)

4. FEI Number
55-0837095

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME DEBITETTO, JOHN
STREET ADDRESS 10471 SIX MILE CYPRESS PARKWAY STE 2
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Change ☒ Addition
NAME **John Ostrow**
STREET ADDRESS **3984 Bishopwood Ct. E #105**
CITY-ST-ZIP **Naples, FL 34114**

TITLE VD ☒ Delete
NAME LEFTWICH, SYEVEN
STREET ADDRESS 10471 SIX MILE CYPRESS PARKWAY STE 2
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Change ☒ Addition
NAME **Robert Mullen**
STREET ADDRESS **3988 Bishopwood Ct. E #202**
CITY-ST-ZIP **Naples FL 34114**

TITLE STD ☒ Delete
NAME KNOWLES, KIRK
STREET ADDRESS 10471 SIX MILE CYPRESS PARKWAY STE 2
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Change ☒ Addition
NAME **John Carter**
STREET ADDRESS **3985 Bishopwood Ct. E #204**
CITY-ST-ZIP **Naples FL 34114**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ASM**
STREET ADDRESS **Gil Riddell**
CITY-ST-ZIP **12734 Kenwood Ln #49**
Fort Myers, FL 33907

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Gil Riddell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/06

Date

239.938.2998

Daytime Phone #