


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-05-2006 90148 050 \*\*\*\*61.25

<b>DOCUMENT # N04000006389</b> 1. Entity Name <b>BISHOPWOOD EAST III OF FOREST GLEN CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>TROPICAL ISLES MGMT 12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907</b>			Mailing Address <b>12734 KENWOOD LANE, STE 49 FORT MYERS, FL 33907</b>		
2. Principal Place of Business		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			7. Name and Address of New Registered Agent		
SHIELDS, CHRISTOPHER J 1833 HENDRY STREET FORT MYERS, FL 33901			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 September 6, 2006</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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Daniel Kershaw <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3999 Bishopwood Ct. E #206 Naples FL 34114	
NAME	DEBITETTO, JOHN		NAME	David Peeling <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3993 Bishopwood Ct. E #105 Naples FL 34114	
STREET ADDRESS	10471 SIX MILE CYPRESS PARKWAY		STREET ADDRESS	3993 Bishopwood Ct. E #105 Naples FL 34114	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Naples FL 34114	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D Hugh Deery <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3992 Bishopwood Ct. E #203 Naples FL 34114	
NAME	READER, JAMES		NAME	Cil Riddell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12734 Kenwood Ln. #49 Ft Myers FL 33907	
STREET ADDRESS	10471 SIX MILE CYPRESS PARKWAY		STREET ADDRESS	12734 Kenwood Ln. #49 Ft Myers FL 33907	
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP	Ft Myers FL 33907	
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.					
<b>SIGNATURE:</b> <u>G. Riddell</u>			5/30/06 239.939.7999		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

50020651



05242006 Chg-NP CR2E037 (4/06)

4. FEI Number 54-2160671 Applied For Not Applicable

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

FL

Zip Code

**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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DEBITETTO, JOHN	
STREET ADDRESS	10471 SIX MILE CYPRESS PARKWAY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	READER, JAMES	
STREET ADDRESS	10471 SIX MILE CYPRESS PARKWAY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CORBIN, DELINA	
STREET ADDRESS	10471 SIX MILE CYPRESS PARKWAY	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	Daniel Kershaw	3999 Bishopwood Ct. E #206	Naples FL 34114	
	D David Peeling	3993 Bishopwood Ct. E #105	Naples FL 34114	
	D Hugh Deery	3992 Bishopwood Ct. E #203	Naples FL 34114	
	ASM Cil Riddell	12734 Kenwood Ln. #49	Ft Myers FL 33907	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #