


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90307 009 \*\*\*\*61.25

<b>DOCUMENT # N04000011910</b>			
1. Entity Name <b>BRISTOL OAKS OF ALACHUA COUNTY HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>300 SW 143RD STREET JONESVILLE FL 32669</b>		Mailing Address <b>300 SW 143RD STREET JONESVILLE FL 32669</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number **13-4247885**  
Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**TOMPKINS, DARRYL J  
14400 NW 151ST BLVD.  
ALACHUA FL 32615**

## 7. Name and Address of New Registered Agent

Name **Management Specialists**  
Street Address (P.O. Box Number is Not Acceptable)  
**4400 NW 36th Ave**  
City **Gainesville** FL Zip Code **32606**

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 *Pat Lipe*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4-24-06**  
DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 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	<b>TAYLOR, ERIC</b>	
STREET ADDRESS	<b>300 SW 143RD STREET</b>	
CITY-ST-ZIP	<b>JONESVILLE FL 32669</b>	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<b>TAYLOR, KRISTI H</b>	
STREET ADDRESS	<b>300 SW 143RD STREET</b>	
CITY-ST-ZIP	<b>JONESVILLE FL 32669</b>	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	<b>HAWLEY, PHILLIP L</b>	
STREET ADDRESS	<b>300 SW 143RD STREET</b>	
CITY-ST-ZIP	<b>JONESVILLE FL 32669</b>	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rezaei, Nicholas</b>	
STREET ADDRESS	<b>12244 Classic Drive</b>	
CITY-ST-ZIP	<b>Coral Springs, FL 33071</b>	
TITLE	Kevin Simone	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>2978 Deer Creek</b>	
STREET ADDRESS	<b>Country Club Blvd.</b>	
CITY-ST-ZIP	<b>Deerfield Beach, FL 33442</b>	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Isabel Miller</b>	
STREET ADDRESS	<b>5906 SW Ludlum Street</b>	
CITY-ST-ZIP	<b>Palm City, FL 34990</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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: *Pat Lipe*

**4-27-06 352-373-7800**