

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005902

FILED
Jan 05, 2011
Secretary of State

Entity Name: THE BRISTOL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1350 PENNSYLVANIA AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1680 MICHIGAN AVE,
STE 908
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0591355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE SKY MIAMI
1680 MICHIGAN AVE, STE 908
MIAMI BEACH, FL 33139 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: VP
Name: BLAIR, TIM
Address: 1350 PENNSYLVANIA AVE #210
City-St-Zip: MIAMI BEACH, FL 33139

Title: S
Name: CRAVEN, LAURA SHEINER
Address: 1350 PENNSYLVANIA AVE #202
City-St-Zip: MIAMI BEACH, FL 33139

Title: D
Name: EPSTEIN, MARC
Address: P.O. BOX 981
City-St-Zip: ASBURY PARK, NJ 07712

Title: P
Name: MELENKEVITZ, JAMES
Address: 1350 PENNSYLVANIA AVE., #204
City-St-Zip: MIAMI BEACH, FL 33139

Title: T
Name: DURON, MARIO
Address: 1350 PENNSYLVANIA AVE APT 105
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR
Name: SHEINER, R MAXWELL
Address: 1680 MICHIGAN AVE, STE 908
City-St-Zip: MIAMI BEACH, FL 33139

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: R MAXWELL SHEINER

MGR

01/05/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date