2000 UNIFORM BUSINESS REPORT (UBR)

5

FILED
Jun 05, 2000 8:00 am
Secretary of State
05-09-2000 90050 045 ****61.25

DOCUMENT # N96-000004446

1. Entity Name

Bristol Lakes HOA

Principal Place of Business	Mailing Address

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
MI Homes	Community Association Svcs., Inc. Ste. 250 951 Broken Sound Pky. NW Boca Raton, FL 33487-3531
Suite, Apt. #, etc. 4 Harvard Circle #950	
City & State West Palm Bch, FL	Zip / Country
Zip 33409 Country USA	

4. FEI Number 65-0820233 ☐ 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
Joel Messinger 951 Broken Sound Pkwy #250 Boca Raton, FL 33487	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Mark Welch 4 Harvard Circle #950 West Palm Bch, FL 33409 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE STD NAME STREET ADDRESS CITY-ST-ZIP	Kathrine Montgomery 4 Harvard Circle #950 West Palm Bch, FL 33409 ☐ Delete	TITLE MD NAME STREET ADDRESS CITY-ST-ZIP	Joel Messinger 951 Broken Sound Pkwy #250 Boca Raton, FL 33487 ☐ Change ☒ Addition
TITLE VD NAME STREET ADDRESS CITY-ST-ZIP	Paul Romanowski 4 Harvard Circle #950 West Palm Bch, FL 33409 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Thomas Dunn 4 Harvard Circle #950 West Palm Bch, FL 33409 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jack Doucette 10100 W. Sample Rd #205 Coral Springs ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/94)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 blank blocks, as applicable.

SIGNATURE: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #