2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90085 030 ****61.25

DOCUMENT # N96000004446

1. Entity Name

BRISTOL LAKES HOMEOWNERS ASSOC;INC.

A0045921

Principal Place of Business	Mailing Address
MI HOMES 4 HARVARD CIRCLE, #950 WEST PALM BEACH, FL 33409	10100 W. SAMPLE RD #205 CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Community Association Svcs., Inc. Ste. 250 951 Broken Sound Pky. NW Boca Raton, FL 33487-3531	Community Association Svcs., Inc. Ste. 250 951 Broken Sound Pky. NW Boca Raton, FL 33487-3531

4. FEI Number 650820233 ☐ 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
MESSINGER, JOEL 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 _____ 3.27.01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROMANOWSKI, PAUL 4 HARVARD CIRCLE #950 WEST PALM BEACH, FL 33409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARK WELCH 4 HARVARD CIRCLE #950 WEST PALM BEACH, FL 33409	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DUNN THOMAS 4 HARVARD CIRCLE #950 WEST PALM BEACH, FL 33409	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Gonzalez, Marilou 4 Harvard Circle #960 West Palm Beach, Fl. 33409	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOUCETTE, JACK 10100 W. SAMPLE ROAD #205 CORAL SPRINGS, FL 33065	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Motzer, Hank 4 Harvard Circle, #960 West Palm Beach, Fl. 33409	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MONTGOMERY, KATHERINE 4 HARVARD CIRCLE #950 WEST PALM BEACH, FL 33409	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

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 all other like empowered.

SIGNATURE: _____ 3/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #