NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90425 011 ****61.25

DOCUMENT # N96000004496

1. Entity Name

Bristol Lakes HOA, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
MI Homes, 4 Harvard Cir.	951 Broken Sound Pkwy
Suite, Apt. #, etc.: Suite 950	Suite, Apt. #, etc.: Suite 250
City & State: West Palm Beach, FL	City & State: Boca Raton, Fl
Zip: 33409 Country: US	Zip: 33487 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650820233 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Joel Messinger

Street Address (P.O. Box Number is Not Acceptable): 951 Broken Sound Pkwy Suite 250

City: Boca Raton FL Zip Code: 33487

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD
NAME	Welch, Mark
STREET ADDRESS	4 Harvard Circle, STE 950
CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	VD
NAME	Gonzalez, Marilou
STREET ADDRESS	4 Harvard Circle, STE 950
CITY-ST-ZIP	West Palm Beach, Fl 33409
TITLE	ST
NAME	Motzor, Hank
STREET ADDRESS	4 Harvard Circle, STE 950
CITY-ST-ZIP	West Palm Beach, Fl 33409
TITLE	ST
NAME	Montgomery, Katherine
STREET ADDRESS	4 Harvard Circle, STE 950
CITY-ST-ZIP	West Palm Beach, Fl 33409
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NAME	
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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Marilou Gonzalez 4/11/02 (561) 471-3440