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

FILED
Apr 27, 2004 8:00 am
Secretary of State
04-27-2004 90096 023 ****61.25

DOCUMENT # N 96000000446

1. Entity Name
Bristol Lakes Homeowners Assoc Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4350 NW 19th Ave
Suite, Apt. #, etc. Ste C
City & State Pompano Beach Fl
Zip 33064 Country USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0820233 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Gary Palombi c/o RHC
Street Address (P.O. Box Number is Not Acceptable)
4350 NW 19th Ave
Ste C
City Pompano Beach FL Zip Code 33064

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

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P NAME John MORGAN STREET ADDRESS 8893 Livingston Way CITY-ST-ZIP Boynton Bch Fl 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME Randy Simmen STREET ADDRESS 8887 Livingston Way CITY-ST-ZIP Boynton Bch Fl 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VP NAME Charles Koch STREET ADDRESS 7200 Brunswick Cir CITY-ST-ZIP Boynton Bch Fl 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Louis Tummino STREET ADDRESS 7261 Brunswick Cir CITY-ST-ZIP Boynton Bch Fl 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE D NAME Lewis Doctor STREET ADDRESS 7015 Brunswick Cir CITY-ST-ZIP Boynton Bch Fl 33437	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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: John Morgan JOHN MORGAN PRESIDENT 4/21/04 561/441-0878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #