

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90136 050 ****61.25

DOCUMENT # N96000004446	
1. Entity Name BRISTOL LAKES HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 4350 NW 19TH AVENUE SUITE C POMPANO BEACH FL 33064	Mailing Address 4350 NW 19TH AVENUE SUITE C POMPANO BEACH FL 33064
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40054201



1st MOORE CR2E037 (10/04)

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 PALOMBI, GARY C/O RMC 4350 NW 19TH AVENUE, SUITE C POMPANO BEACH FL 33064	
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7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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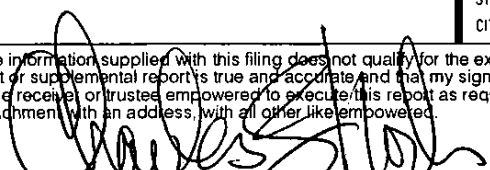
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, JOHN 8893 LIVINGSTON WAY BOYNTON BEACH FL 33437 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY Curlew ☐ Change ☒ Addition 7213 Brunswick Cir Boynton Bch FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMEN, RANDY 8887 LIVINGSTON WAY BOYNTON BEACH FL 33437 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIAN EVANS ☐ Change ☒ Addition 7819 Brunswick Cir Boynton Bch FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOCH, CHARLES 7200 BRUNSWICK CIRCLE BOYNTON BEACH FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHARLES KOCH ☐ Change ☒ Addition 7200 Brunswick Circle Boynton Beach FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TUMMINIA, LOUIS 7261 BRUNSWICK CIRCLE BOYNTON BEACH FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOUIS G. Tumminia ☐ Change ☒ Addition 7261 Brunswick Cir. Boynton Beach 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCTOR, LEWIS 7015 BRUNSWICK CIRCLE BOYNTON BEACH FL 33437 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEWIS J. DOCTOR ☒ Change ☐ Addition 7015 BRUNSWICK CIRCLE BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **3/31/05**

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