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.

400547U1

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
4350 NW 19TH AVENUE SUITE C POMPANO BEACH FL 33064	4350 NW 19TH AVENUE SUITE C POMPANO BEACH FL 33064

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent

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. 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)

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

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	☐ Change ☒ Addition S MARY Curlew 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	☐ Change ☒ Addition + BRIAN EVANS 7219 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	☒ Change ☐ Addition P CHARLES KOCH 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	☐ Change ☒ Addition LOUIS G. TUMMINIA OD Dr. 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	☒ Change ☐ Addition VP LEWIS J. DOCTOR 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 #