


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90048 011 \*\*\*\*61.25

<b>DOCUMENT # N96000006194</b>					
<b>1. Entity Name</b> BULLARD SUBDIVISION HOME OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 11550 TAMiami TRAIL EAST NAPLES, FL 34113 US			<b>Mailing Address</b> 11550 TAMiami TRAIL EAST NAPLES, FL 34113 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-1834379	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DURSO, SAMUEL 891 PARTRIDGE COURT MARCO ISLAND, FL 34145			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> DURSO, SAMUEL		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 891 PARTRIDGE COURT	<b>CITY-ST-ZIP</b> MARCO ISLAND, FL 341455825		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<b>NAME</b> CALIGA, ROBERT E		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 1120 LITTLE NECK LANE CT E-51	<b>CITY-ST-ZIP</b> NAPLES, FL 34102		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VD	<b>NAME</b> DURSO, MARY ANN		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 891 PORTRIDGE COURT	<b>CITY-ST-ZIP</b> MARCO ISLAND, FL 34145		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> SCHNEIDER, THOMAS		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 704 TURKEY OAK LANE	<b>CITY-ST-ZIP</b> NAPLES, FL 34108		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D	<b>NAME</b> GRANADA, JOSE		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 831 PARTRIDGE COURT	<b>CITY-ST-ZIP</b> MARCO ISLAND, FL 34145		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>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 filers empowered.</b>			<b>TREASURER</b> ROBERT HAMMOND 3810 GROTON COURT NAPLES, FL 34112		
<b>SIGNATURE:</b> <i>[Signature]</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
13/04 (239) 775-0036			Date Daytime Phone #		