


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

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90314 020 *****70.00

DOCUMENT # N99000006813	
1. Entity Name BRISTOL POINTE HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business LAND MGMT. CO, INC. 21045 COMMERCIAL TRL. BOCA RATON FL 33486	Mailing Address 21045 COMMERCIAL TRAIL BOCA RATON FL 33486
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 65-0976529	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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 VPD	<input checked="" type="checkbox"/> Delete	TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAIRABET, PATRICIA		NAME Brian Nohe	
STREET ADDRESS 16161 BRISTOL PT. DR.		STREET ADDRESS 16348 Bristol Pointe Dr	
CITY-ST-ZIP DELRAY BEACH FL 33446		CITY-ST-ZIP Delray Beach, FL 33446	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SOTO, EDUARDO		NAME Lee Cherney	
STREET ADDRESS 16080 BRISTOL POINTE DR.		STREET ADDRESS 6614 Bristol Lake South	
CITY-ST-ZIP DELRAY BEACH FL 33446		CITY-ST-ZIP Delray Beach, FL 33446	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOLDMAN, BARRY		NAME Patrick McMahon	
STREET ADDRESS 16081 BRISTOL ISLE WAY		STREET ADDRESS 16049 Bristol Isle Way	
CITY-ST-ZIP DELRAY BEACH FL 33446		CITY-ST-ZIP Delray Beach, FL 33446	
TITLE PD	<input checked="" type="checkbox"/> Delete	TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHARP, KAREN		NAME Michael Cannold	
STREET ADDRESS 16064 BRISTOL ISLE WAY		STREET ADDRESS 6622 Bristol Lake South	
CITY-ST-ZIP DELRAY BEACH FL 33446		CITY-ST-ZIP Delray Beach, FL 33446	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CARNOLD, MICHAEL		NAME Richard Obletz	
STREET ADDRESS 6622 BRISTOL LAKES SOUTH		STREET ADDRESS 16105 Bristol Pointe Dr.	
CITY-ST-ZIP BOYNTON BEACH FL 33437		CITY-ST-ZIP Delray Beach, FL 33446	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **4/11/05** **Date** **Daytime Phone #**