2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) ~

of the corporation or the receiver if changed, or on an attachmen

SIGNATURE:

May 09, 2007 8:00 am Secretary of State DOCUMENT # N99000006813 1. Entity Name 05-09-2007 90109 040 ****70 00 BRISTOL POINTE HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address LANG MGMT. CO, INC 21045 COMMERCIAL TRAIL 21045 COMMERCIAL TRL BOCA RATON FL 33486 **BOCA RATON FL 33486** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 65-0976529 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANG MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. HILE Delete THUE Change Addition NAME NOHE, BRIAN NAME 21045 commercial Trail STREET ADDRESS STREET ADDRESS 16348 BRISTOL POINTE DRIVE CITY-ST-ZIP City-St-ZIP **DELRAY BEACH FL 33446** Bocclaton Il TITLE X Addition TITLE ☐ Change Mery I Hichas NAME CHERNEY, LEE NAME STREET ADDRESS 6614 BRISTOL LAKE SOUTH STREET ADDRESS 2043 connercial Trail CITY - ST - ZIP **DELRAY BEACH FL 33446** CHY-ST-7P Raton FL 33486 TITLE HILE **D**elete ☐ Change Addition Lynda Perry NAME MCMAHON, PATRICK 21045 Connercial Trail STREET ADDRESS 16049 BRISTOL ISLE WAY STREET ADDRESS CITY-S1-712 CHY-ST-ZIP **DELRAY BEACH FL 33446** Boca Raton Fl TITLE ☐ Delete TITLE X Change ☐ Addition NAME SOTO, EDUARDO NAME STREET ADDRESS STREET ADDRESS 16089 BRISTOL POINTE DR CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33446** TITLE Delete HHE ☐ Change Addition NAME OBLETZ, RICHARD NAME STREET ADDRESS 16105 BRISTOL POINTE DRIVE STREET ADDRESS CITY-ST-7IP **DELRAY BEACH FL 33446** CITY+ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further certify that the information and courate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director owered to execute this report as required by Chapter 617, Florida Statutos; and that my name appears in Block 10 or Block 11 is, with all other like empowered. indicated on this report or supplement

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #