# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 22, 2002 8:00 am**
**Secretary of State**
04-22-2002 90349 001 ***428.75

DOCUMENT # 727347

1. Entity Name

BRIDGEWOOD MID-RISE CONDOMINIUM I ASSOCIATION, I NC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2400 BRIDGEWOOD DR<br>BOCA RATON FL 33434 | 2400 BRIDGEWOOD DR<br>BOCA RATON FL 33434 |

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1508070 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MEYER, CAROL J JR<br>2400 BRIDGEWOOD DR<br>BOCA RATON FL 33434 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|
| TITLE VD<br>NAME TROCCOLO, CHARLES<br>STREET ADDRESS 1734 BRIDGEWOOD DR.<br>CITY-ST-ZIP BOCA RATON FL 33434 | ☒ Delete | TITLE Joyce Taylor VP<br>NAME<br>STREET ADDRESS 1672 Bridgewood Drive<br>CITY-ST-ZIP Boca Raton FL 33434 | ☒ Change ☐ Addition |
| TITLE T<br>NAME PEREIRA, RITA<br>STREET ADDRESS 1542 BRIDGEWOOD DRIVE<br>CITY-ST-ZIP BOCA RATON FL 33434 | ☒ Delete | TITLE D<br>NAME Mathew Weisman<br>STREET ADDRESS 1615 Bridgewood Drive<br>CITY-ST-ZIP Boca Raton FL 33434 | ☒ Change ☐ Addition |
| TITLE SD<br>NAME SIEGEL, FRIEDA<br>STREET ADDRESS 1575 BRIDGEWOOD DR<br>CITY-ST-ZIP BOCA RATON FL 33434 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE PD<br>NAME THOMPSON, ARTHUR<br>STREET ADDRESS 1624 BRIDGEWOOD DR.<br>CITY-ST-ZIP BOCA RATON FL 33434 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE ST<br>NAME SIMMONS, WILLIAM<br>STREET ADDRESS 1732 BRIDGEWOOD DR<br>CITY-ST-ZIP BOCA RATON FL 33434 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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:** SIGNATURE REQUIRED Carol J. Meyer Jr. 4/8/02 561-483-7133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)