


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 727347</b> 1. Entity Name BRIDGEWOOD MID-RISE CONDOMINIUM I ASSOCIATION, INC.	
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Principal Place of Business 2400 BRIDGEWOOD DR BOCA RATON, FL 33434	Mailing Address 2400 BRIDGEWOOD DR BOCA RATON, FL 33434
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03132008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1508070	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

MEYER, CAROL J JR  
 2400 BRIDGEWOOD DR  
 BOCA RATON, FL 33434

**DO NOT WRITE IN THIS SPACE**

**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 \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000938841  
 04/22/08-20030-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISMAN, MATHEW 1615 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TAYLOR, JOYCE 1672 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIEGEL, FRITZI 1575 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, WILLIAM 1732 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLMAN, BERT 1715 BRIDGEWOOD DRIVE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Carol Meyer* *Registered Agent* *4.7.08* *561.483.7133*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORS \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_