

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90347 032 \*\*\*\*61.25

**DOCUMENT # 735364**

1. Entity Name

**BRIDGE-OF-WOOD ASSOCIATION, INC.**

Principal Place of Business

**3250 NW 85TH AVE  
 CORAL SPRG FL 33065**

Mailing Address

**3250 NW 85TH AVE  
 CORAL SPRG FL 33065**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1673909**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TERRY, ROBERT  
 3250 NW 85 AVE  
 CORAL SPRINGS FL 33065**

Name

**Frank Kosilla**

Street Address (P.O. Box Number is Not Acceptable)

**3250 NW 85th Ave #20**

**Coral Springs, Fl 33065**

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)

**3/1/01**  
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  Delete  
 NAME **V BOLLMAN, PHIL**  
 STREET ADDRESS **3250 NW 85TH AVE #14**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TS PAPARESTA, MADELINE**  
 STREET ADDRESS **3250 NW 85TH AVE. #22**  
 CITY-ST-ZIP **CORAL SPRGS, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **P TERRY, BOB**  
 STREET ADDRESS **3250 NW 85 AVE #21**  
 CITY-ST-ZIP **CORAL SPRG, FL 00000**

TITLE  Change  Addition  
 NAME **Kosilla, Frank**  
 STREET ADDRESS **3250 NW 85th Ave #20**  
 CITY-ST-ZIP **Coral Springs, Fl 33065**

TITLE  Delete  
 NAME **D BRUSSO, MIKE**  
 STREET ADDRESS **3250 NW 85 AVE #3**  
 CITY-ST-ZIP **CORAL SPRG, FL 00000**

TITLE  Change  Addition  
 NAME **Alex Markis**  
 STREET ADDRESS **3250 NW 85th Ave. #23**  
 CITY-ST-ZIP **Coral Springs, Fl 33065**

TITLE  Delete  
 NAME **D EIMER, LORRAINE**  
 STREET ADDRESS **3250 NW 85 AVE #19**  
 CITY-ST-ZIP **CORAL SPRGS, FL 00000**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SCHMELTZ, RAE**  
 STREET ADDRESS **3250 NW 85TH AVE #11**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE  Change  Addition  
 NAME **Clive Shaw**  
 STREET ADDRESS **3250 NW 85th Ave #25**  
 CITY-ST-ZIP **Coral Springs, Fl 33065**

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: X

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/1/2001** Date

**954-755-3378** Daytime Phone

CR2E037 (10/00)