SECOND NOTICE CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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REINSTATEMENT 99

DOCUMENT # **744243**

1. Corporation Name
BRIDGEPORT II TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2929 BRIDGEPORT AVE MIAMI FL 33133 US	2929 BRIDGEPORT AVE MIAMI FL 33133 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2923 BRIDGEPORT AVE	26 2923 BRIDGEPORT AVE	09/12/1978
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1901544 ☐ Applied For ☐ Not Applicable
23 City & State MIAMI, FL	28 City & State MIAMI, FL	5. Certificate of Status Desired **$8.75** Additional Fee Required
24 Zip 33133 25 Country USA	29 Zip 33133 30 Country USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WALTER, DAVID G. 2929 BRIDGEPORT AVE MIAMI FL 33133	81 Name BRIAN M. DAVIS 82 Street Address (P.O. Box Number is Not Acceptable) 2923 BRIDGEPORT AVE. 83 84 City MIAMI FL 85 Zip Code 33133

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ BRIAN DAVIS 10-28-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSDT	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	WALTER, DAVID G.		1.2 NAME	LANE, GREGORY	
STREET ADDRESS	2929 BRIDGEPORT AVE		1.3 STREET ADDRESS	2929 BRIDGEPORT AVE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33133.	
TITLE	D	☐ DELETE	2.1 TITLE	PSDT	☒ Change ☐ Addition
NAME	DAVIS, BRIAN M		2.2 NAME	DAVIS, BRIAN M	
STREET ADDRESS	2923 BRIDGEPORT AVE		2.3 STREET ADDRESS	2923 BRIDGEPORT AVE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAPTISTA, ALBERTO		3.2 NAME		
STREET ADDRESS	2925 BRIDGEPORT AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	VESKI, WANDA		4.2 NAME		
STREET ADDRESS	2927 BRIDGEPORT AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		4.4 CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

JB 11/8

CR2E037 (5/99)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID G. WALTER SIGNATURE REQUIRED 10/1/99 305-446 6939.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
BRIAN DAVIS 10-28-99 305-446-6939