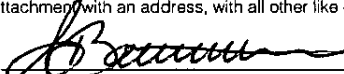


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90072 032 ****61.25

DOCUMENT # 744243 1. Entity Name BRIDGEPORT II TOWNHOUSE ASSOCIATION, INC.					
Principal Place of Business 2925 BRIDGEPORT AVE COCONUT GROVE, FL 33133 US			Mailing Address 2925 BRIDGEPORT AVE COCONUT GROVE, FL 33133 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1901544				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATISTA, ALBERTO 2925 BRIDGEPORT AVE COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. 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)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME	BATISTA, ALBERTO		NAME	Evan Spigelman	
STREET ADDRESS	2925 BRIDGEPORT AVE		STREET ADDRESS	2927 Bridgeport Avenue	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	Coconut Grove, FL 33133	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	VILLAVARDE, ADRIA		NAME		
STREET ADDRESS	2923 BRIDGEPORT AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARTINA, LYA		NAME		
STREET ADDRESS	2929 BRIDGEPORT AVE.		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROOVE, FL 33133		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Alberto Batista		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4/13/04		
			Daytime Phone #: (305) 646-7066		