

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744243

FILED
Mar 19, 2009
Secretary of State

Entity Name: BRIDGEPORT II TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

2925 BRIDGEPORT AVE
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2925 BRIDGEPORT AVE
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: 59-1901544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATISTA, ALBERTO
2925 BRIDGEPORT AVE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATISTA, ALBERTO
Address: 2925 BRIDGEPORT AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: VILLALBA, JUAN C
Address: 2923 BRIDGEPORT AVENUE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: MARTINA, LYA
Address: 2929 BRIDGEPORT AVE.
City-St-Zip: COCONUT GROOVE, FL 33133

Title: D () Delete
Name: SPIGELMAN, EVAN
Address: 2927 BRIDGEPORT AVE.
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SPIGELMAN, EVAN
Address: 2927 BRIDGEPORT AVE.
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO BATISTA

PD

03/19/2009

Electronic Signature of Signing Officer or Director

Date