

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$166 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN 21 AM 10:01

DOCUMENT # 766123 (4)
 1. Corporation Name
BRIDGEVIEW ASSOCIATION, INC.

Principal Place of Business Mailing Address
 5199 PRIVET PLACE 5199 PRIVET PLACE
 DELRAY BEACH FL 33484 DELRAY BEACH FL 33484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/14/1982	3a. Date of Last Report 04/05/1994
4. FEI Number 59-2342115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

B. Name and Address of Current Registered Agent
 SACHS, PETER
 ARBERN FINANCIAL CENTRE
 301 YAMATO RD., STE. 4150
 BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

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: *Nina Small* *Treasurer* 6/7/95
Signature of officer or director of registered agent and this if applicable (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P
NAME	BERKE, PHIL	12 NAME	MILTON GREEN
STREET ADDRESS	5270B POPPY PL	13 STREET ADDRESS	5388 PRIVET PL
CITY - ST - ZIP	DELRAY BCH FL	14 CITY - ST - ZIP	DELRAY BEACH, FL 33484
TITLE	VP	21 TITLE	
NAME	MOVER, LESTER	22 NAME	NINA SMALL
STREET ADDRESS	5325 D. PRIVET PL	23 STREET ADDRESS	5070 D PETALE PL
CITY - ST - ZIP	DELRAY BCH FL	24 CITY - ST - ZIP	DELRAY BEACH, FL
TITLE	D	31 TITLE	AT
NAME	NETTER, HENRY	32 NAME	MARCIA SMITH
STREET ADDRESS	5093C PRIVET PL	33 STREET ADDRESS	5368 PRIVET PL
CITY - ST - ZIP	DELRAY BCH FL	34 CITY - ST - ZIP	DELRAY BEACH, FL
TITLE	T	41 TITLE	D
NAME	KOOPMAN, HENRY	42 NAME	BERNARD NAPAATEG
STREET ADDRESS	5284B PRIVET PLACE	43 STREET ADDRESS	5275 PRIVET PL
CITY - ST - ZIP	DELRAY BCH. FL	44 CITY - ST - ZIP	DELRAY BEACH, FL
TITLE	AT	51 TITLE	S
NAME	BANKS, JOHN	52 NAME	DAVIS PERLMUTTER
STREET ADDRESS	5270D POPPY PLACE	53 STREET ADDRESS	5295 POPPY PL
CITY - ST - ZIP	DELRAY BEACH FL	54 CITY - ST - ZIP	DELRAY BEACH, FL
TITLE	AT	61 TITLE	
NAME	SCHNIER, HENRY	62 NAME	
STREET ADDRESS	5032A PRIVET PLACE	63 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE: *Nina Small* *Treasurer* 6/7/95 407-496-0878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Telephone Area #

CR2E037 (3/95)