

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 766123 (4)

1. Corporation Name
BRIDGEVIEW ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 12/14/1982
3a. Date of Last Report: 06/21/1995

2. Principal Place of Business: 21 5199 PRIVET PL, 22 Suite, Apt. #, etc., 23 DELRAY BEACH, FL 33484, 24 Zip 33484, 25 PALM BEACH, 26 27 SAME AS ABOVE, 28 City & State, 29 30

4. FEI Number: 59-2342115
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	Pres. or	<input type="checkbox"/> DELETE
NAME	GREEN, MILTON	
STREET ADDRESS	5388 PRIVET PL	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMALL, NINA	
STREET ADDRESS	5020 D PETAL PL	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	Co Treas	<input type="checkbox"/> DELETE
NAME	SMITH, MARCIA	
STREET ADDRESS	5368 PRIVET PL	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	V.P.	<input type="checkbox"/> DELETE
NAME	NAPARSTEK, BERNARD	
STREET ADDRESS	5325 PRIVET PL	
CITY-ST-ZIP	DELRAY BCH. FL	
TITLE	Secy.	<input type="checkbox"/> DELETE
NAME	PERLMUTTER, DAVIS	
STREET ADDRESS	5295 POPPY PL	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	Co Treas	<input type="checkbox"/> DELETE
NAME	SCHNIER, HENRY	
STREET ADDRESS	5032A PRIVET PLACE	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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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 119.07(3)(k), 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: Hilton Jones Date: 2-22-96 1-407-496-0878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)
PS 3/13/96