

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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 33484-1737

3. Date Incorporated or Qualified 12/14/1982
3a. Date of Last Report 03/13/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2342115 Applied For Not Applicable
22 Suite, Apt #, etc 27 Suite, Apt #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
SACHS, PETER ARBERN FINANCIAL CENTRE 301 YAMATO RD., STE. 4150 BOCA RATON FL 33431
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 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	PD GREEN, MILTON	1.1 TITLE	
NAME	5388 PRIVET PL	1.2 NAME	
STREET ADDRESS	DELRAY BCH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CT SMITH, MARCIA	2.1 TITLE	
NAME	5368 PRIVET PL	2.2 NAME	
STREET ADDRESS	DELRAY BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD NAPARSTEK, BERNARD	3.1 TITLE	
NAME	5325 PRIVET PL	3.2 NAME	
STREET ADDRESS	DELRAY BCH. FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD PERLMUTTER, DAVIS	4.1 TITLE	
NAME	5295 POPPY PL	4.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CT SCHNIER, HENRY	5.1 TITLE	
NAME	5032A PRIVET PLACE	5.2 NAME	
STREET ADDRESS	DELRAY BEACH FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: MILTON GREEN - Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 1/6/97 Daytime Phone # 561-496-0878 0044886

CR2E037 (9/96)