

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 766123 (4)**

1. Corporation Name  
**BRIDGEVIEW ASSOCIATION, INC.**



Principal Place of Business <b>5199 PRIVET PLACE DELRAY BEACH FL 33484</b>	Mailing Address <b>5199 PRIVET PLACE DELRAY BEACH FL 33484</b>
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3. Date Incorporated or Qualified  
**12/14/1982**

4. FEI Number  
**59-2342115**

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
30	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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	<b>FL</b>
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) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>GREEN, MILTON</b>	1.1 TITLE	PD <b>Carol Goodman</b>
NAME	<b>5388 PRIVET PL</b>	1.2 NAME	<b>5010-104 Privet Pl</b>
STREET ADDRESS	<b>DELRAY BCH FL</b>	1.3 STREET ADDRESS	<b>Delray Bch Fl 33484</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CT <b>SMITH, MARCIA</b>	2.1 TITLE	T <b>Henry Koopman</b>
NAME	<b>5388 PRIVET PL</b>	2.2 NAME	<b>5264-B Privet Pl</b>
STREET ADDRESS	<b>DELRAY BCH FL</b>	2.3 STREET ADDRESS	<b>Delray Beach Fl 33484</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPD <b>NAPARSTEK, BERNARD</b>	3.1 TITLE	VPD <b>Irving Weinberg</b>
NAME	<b>5325 PRIVET PL</b>	3.2 NAME	<b>5113-103 Poppy Pl</b>
STREET ADDRESS	<b>DELRAY BCH. FL</b>	3.3 STREET ADDRESS	<b>Delray Bch Fl 33484</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	SD <b>PERLMUTTER, DAVIS</b>	4.1 TITLE	SD <b>Helen Y. Reinstein</b>
NAME	<b>5295 POPPY PL</b>	4.2 NAME	<b>5321-204 Poppy Pl</b>
STREET ADDRESS	<b>DELRAY BEACH FL</b>	4.3 STREET ADDRESS	<b>Delray Bch Fl 33484</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CT <b>SCHNIER, HENRY</b>	5.1 TITLE	CT <b>N/A</b>
NAME	<b>5032A PRIVET PLACE</b>	5.2 NAME	
STREET ADDRESS	<b>DELRAY BEACH FL</b>	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	
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CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Carol Goodman* *Carol Goodman* 3/5/98 496-0878

CP2E037 (10/97)