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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766123

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
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 12/14/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2342115
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 85 Zip Code
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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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOODMAN, CAROL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
STREET ADDRESS 5010-104 PRIVET PL	2.1 TITLE	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP DELRAY BCH FL 33484	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
TITLE TREASURER <input type="checkbox"/> DELETE	3.1 TITLE	3.2 NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KOOPMAN, HENRY	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
STREET ADDRESS 5284-B PRIVET PL	4.1 TITLE	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP DELRAY BEACH FL 33484	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
TITLE VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	5.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WEINBERG, IRVING	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
STREET ADDRESS 5113-103 POPPY PL	6.1 TITLE	6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP DELRAY BCH FL 33484	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	
TITLE SO SECRETARY <input type="checkbox"/> DELETE	7.1 TITLE	7.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REINSTEIN, HELEN Y	7.3 STREET ADDRESS	7.4 CITY-ST-ZIP	
STREET ADDRESS 5321-204 POPPY PL	8.1 TITLE	8.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP DELRAY BEACH FL 33484	8.3 STREET ADDRESS	8.4 CITY-ST-ZIP	
TITLE CT. <input checked="" type="checkbox"/> DELETE	9.1 TITLE	9.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHNIER, HENRY	9.3 STREET ADDRESS	9.4 CITY-ST-ZIP	
STREET ADDRESS 5032A PRIVET PLACE	10.1 TITLE	10.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP DELRAY BEACH FL	10.3 STREET ADDRESS	10.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	11.1 TITLE	11.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11.3 STREET ADDRESS	11.4 CITY-ST-ZIP	
STREET ADDRESS	12.1 TITLE	12.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	12.3 STREET ADDRESS	12.4 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, with all other like empowered.

SIGNATURE: *Carol Goodman* **SIGNATURE REQUIRED** *2/19/99* *561-496-0878*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (OR DIRECTOR) Date Daytime Phone #

CR2E037-1198