

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90118 022 ****70.00

DOCUMENT # 766123
 1. Entity Name
 BRIDGEVIEW ASSOCIATION, INC.



Principal Place of Business
 5199 PRIVET PLACE
 DELRAY BEACH, FL 33484

Mailing Address
 5199 PRIVET PLACE
 DELRAY BEACH, FL 33484

40041200



01062006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2342115	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 SACHS, PETER
 NORTHERN TRUST PLAZA-STE 4150
 P O BOX 810037
 BOCA RATON, FL 33481

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONIGLIARO, JOSEPH 5321-104 POPPY PL. DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERMINI, CHRIS 5132-A PETAL PL DELRAY BCH., FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOROWITZ, LEO 5136 D PRIVET PL. DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOOPMAN, ESTELLE 5264B PRIVET PL DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Estelle Koopman 3/27/06 561-4960878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #