2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766123

FILED Apr 01, 2009 Secretary of State

Entity Name: BRIDGEVIEW ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5199 PRIVET PLACE DELRAY BEACH, FL 33484 **Current Mailing Address: New Mailing Address:** 5199 PRIVET PLACE DELRAY BEACH, FL 33484 FEI Number: 59-2342115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SACHS, PETER ASSOCIATED CORPORATE SERVICES 6111 BROKEN SOUND PKWY N.W. 301 YAMATO ROAD **SUITE 4150** SUITE 200 BOCA RATON, FL 33431 US BOCA RATON, FL 33487 US 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. SIGNATURE: ASSOCIATED CORPORATE SERVICES 04/01/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CONIGLIARO, JOSEPH Name: Name: 5321-104 POPPY PL. Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: PD Title: () Delete () Change () Addition TERMINI, CHRIS Name: Name: Address: 5132-A PETAL PL Address: City-St-Zip: DELRAY BCH., FL 33484 City-St-Zip: Title: () Delete Title: (X) Change () Addition HOROWITZ, LEO Name: GOLDBERG, BARBARA Name: 5136 D PRIVET PL. Address: Address: 5242A PRIVAT PLACE City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 Title: TD () Delete Title: () Change () Addition Name: KOOPMAN, ESTELLE Name: 5264B PRIVET PL Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: Title: () Delete Title: (X) Change () Addition SMALL, NINA TRAUB, PAUL Name: Name: 5139A POPPY PLACE 5020 D PETAL PL Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 City-St-Zip: DELRAY BEACH, FL 33484 Title: () Delete Title: () Change (X) Addition KINGSLEY, GEORGE Name: Name: Address: Address: 5322B POPPY PLACE DELRAY BEACH, FL 33484 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTELLE KOOPMAN TD 04/01/2009