

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766123

FILED
Mar 11, 2011
Secretary of State

Entity Name: BRIDGEVIEW ASSOCIATION, INC.

Current Principal Place of Business:

5199 PRIVET PLACE
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5199 PRIVET PLACE
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 59-2342115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSOCIATED CORPORATE SERVICES
6111 BROKEN SOUND PKWY N.W.
SUITE 200
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VD
Name: CONIGLIARO, JOSEPH
Address: 5321-104 POPPY PL.
City-St-Zip: DELRAY BEACH, FL 33484

Title: PD
Name: TERMINI, CHRIS
Address: 5132-A PETAL PL
City-St-Zip: DELRAY BCH., FL 33484

Title: ADM
Name: TOBACK, BUD
Address: 5094B PRIVAT PLACE
City-St-Zip: DELRAY BEACH, FL 33484

Title: TD
Name: KOOPMAN, ESTELLE
Address: 5264B PRIVET PL
City-St-Zip: DELRAY BEACH, FL 33484

Title: ADM
Name: SMALL, NINA
Address: 5020D PETAL PLACE
City-St-Zip: DELRAY BEACH, FL 33484

Title: ADM
Name: KINGSLEY, GEORGE
Address: 5322B POPPY PLACE
City-St-Zip: DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: CHRIS TERMINI

PD

03/11/2011

Electronic Signature of Signing Officer or Director

Date