

**.FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N04116 (2)

1. Corporation Name

BRIDGEPOINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
% GUARANTEE MANAGEMENT SERVICES 111 FOUNTAINEBLEAU BLVD. MIAMI FL 33172-4507

3. Date Incorporated or Qualified 07/11/1984  
3a. Date of Last Report 02/28/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2489033	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	29	30
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 201  
MIAMI FL 33134-9884

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 officer 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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BARRY, DANIEL O.	1.2 NAME	John D. Abstein
STREET ADDRESS	6930 S.W. 55 TERRACE E	1.3 STREET ADDRESS	5430 SW 69 Place
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	VD	2.1 TITLE	
NAME	GREEN, TOM	2.2 NAME	
STREET ADDRESS	5470 SW 70 PLACE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	BENINTENDE, FRANK	3.2 NAME	Francesca Marotta
STREET ADDRESS	5531 S.W. 70 PLACE	3.3 STREET ADDRESS	6961 SW 55 Terr. East
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	T	4.1 TITLE	TD
NAME	ABSTEIN, JOHN D	4.2 NAME	Betty Parsons
STREET ADDRESS	5430 SW 69 PL	4.3 STREET ADDRESS	6931 SW 55 Terr. East
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	D	5.1 TITLE	ZVPD
NAME	MAGNARELLI, FRANK	5.2 NAME	Florence Wechsberg
STREET ADDRESS	5430 SW 70 PL	5.3 STREET ADDRESS	7150 SW 55 Terr. West
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33155
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with address.

SIGNATURE: John Abstein John Abstein, President Date: 2/27/96 Laytime Phone # \_\_\_\_\_

CR2E037 (12/95)