

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90019 035 ****61.25

DOCUMENT # N04116

1. Entity Name

BRIDGEPOINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% GUARANTEE MANAGEMENT SERVICES
 111 FOUNTAINEBLEAU BLVD.
 MIAMI FL 33172-4507

% GUARANTEE MANAGEMENT SERVICES
 111 FOUNTAINEBLEAU BLVD.
 MIAMI FL 33172-4507

927400



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

MIAMI MANAGEMENT, INC.

MIAMI MANAGEMENT, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

14275 SW 142 Ave

14275 SW 142 Ave.

City & State

City & State

MIAMI - FLORIDA

MIAMI FLORIDA

4. FEI Number

59-2489033

Applied For

Not Applicable

Zip

Country

Zip

Country

33186

U.S.A.

33186

U.S.A.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Rafael Rodriguez

02-08-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BENBOW, JOHN	
STREET ADDRESS	5530 SW 69TH PLACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WECHSBERG, FLORENCE D	
STREET ADDRESS	7150 SW 55TH TERR W	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KERDYK, KIM	
STREET ADDRESS	5631 SW 70TH PLACE SOUTH	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GREEN, TOM	
STREET ADDRESS	5470 SW 70TH PLACE NORTH	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARSONS, THEODORE	
STREET ADDRESS	6931 SW 55TH TERR EAST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME	RODRIGUEZ, LILIAN	
STREET ADDRESS	5541 SW 70 PL	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)