

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90038 010 ****61.25

DOCUMENT # N04116

1. Entity Name

BRIDGEPOINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% MIAMI MANAGEMENT INC
14275 SW 142 AVE
MIAMI FL 33186

% MIAMI MANAGEMENT INC
14275 SW 142 AVE
MIAMI FL 33186

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2489033

Applied For

Not Applicable

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

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 Delete
 NAME **VD WECHSBERG, FLORIENCE D**
 STREET ADDRESS **7150 SW 55TH TERR W**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S KERDYK, KIM**
 STREET ADDRESS **5531 SW 70TH PLACE SOUTH**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME **S MARY HAINLINE**
 STREET ADDRESS **7140 SW 54 ST**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Delete
 NAME **P GREEN, TOM**
 STREET ADDRESS **5470 SW 70TH PLACE NORTH**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D PARSONS, THEODORE**
 STREET ADDRESS **6931 SW 55TH TERR EAST**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME **D DENISE RICKER**
 STREET ADDRESS **7150 SW 54 ST**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE Delete
 NAME **T RODRIGUEZ, LILLIAN**
 STREET ADDRESS **5541 S W 70 PL**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
 NAME **T MARIE LOE SHILON**
 STREET ADDRESS **5510 SW 70 PL**
 CITY-ST-ZIP **MIAMI, FL 33155**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)