2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90099 011 ****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

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WECHSBERG, FLORIENCE ⓓ, 7150 SW 55TH TERR W MIAMI FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HAINLINE, MARY 7140 SW 54 ST MIAMI FL 33155	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DAVID SMITH, SECRETARY	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GREEN, TOM 5470 SW 70TH PLACE NORTH MIAMI FL 33155	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARILEE SHILEN 5510 SW 70 PL MIAMI, FL 33155 PRESIDENT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICKER, DENISE 7150 SW 54 ST MIAMI FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHILEN, ~~MARELOE~~ MARILEE 5510 SW 70 PL MIAMI FL 33155	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DR. JACK SPARKS,	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Marilee Shilen MARILEE SHILEN 3/19/03