2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State
03-12-2007 90079 005 ****61.25

66U13664

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1. Entity Name
THE BRIDGEWATER TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1111 LINCOLN RD., SUITE 400~~ ~~MIAMI BCH, FL 33139~~	~~1111 LINCOLN RD., SUITE 400~~ ~~MIAMI BCH, FL 33139~~

2. Principal Place of Business - No P.O. Box	3. Mailing Address
1200 Brickell Ave	1200 Brickell Ave
Suite, Apt. #, etc. #1460	Suite, Apt. #, etc. #1460
City & State Miami FL	City & State Miami FL
Zip 33131 Country USA	Zip 33131 Country USA

02192007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-5305120 ☐ 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
SCHWARTZ, GERALD K 1111 LINCOLN RD., SUITE 400 MIAMI BCH, FL 33139	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

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	PD DASSO, HECTOR ~~1111 LINCOLN RD., SUITE 400~~ ~~MIAMI BCH, FL 33139~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1200 Brickell Ave #1460 Miami FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD DASSO, JUAN ~~1111 LINCOLN~~ RD., SUITE 400 ~~MIAMI BCH, FL 33139~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1200 Brickell Ave #1460 Miami FL 33131
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SOCARRAS, ARIEL 1111 LINCOLN RD., SUITE 400 MIAMI BCH, FL 33139	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOSE F. PEREZ 1111 LINCOLN RD, SUITE 400 MIAMI, BEACH FL. 33139 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 2/21/07 (305)673-1101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #