

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 PH 12: 08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09769 (3)
1. Corporation Name
BRIDGE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**225 COLDEWAY DRIVE 225 COLDEWAY DRIVE
PUNTA GORDA FL 33950 PUNTA GORDA FL 33950**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/14/1985	3a. Date of Last Report 05/27/1994
4. FEI Number 59-2567016	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 2b
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**DOROTHY DUFORT
369 COLDEWAY DR
H11
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent
**81 Name Richard P. Michael
82 Street Address (P.O. Box Number is Not Acceptable) 299 ColdeWAY Drive F-3
83
84 City PUNTA GORDA FL 85 Zip Code 33950**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 607.0505, Florida Statutes.

SIGNATURE *Richard P. Michael* **Richard P. Michael** **4/13/95**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME RODRIGUES, LARRY
STREET ADDRESS UNIT D-13 279 COLDEWAY DRIVE	CITY - ST - ZIP PUNTA GORDA FL 33950
TITLE SD	NAME NORDQUIST, THOMAS D.
STREET ADDRESS UNIT F-12 317 COLDEWAY DR	CITY - ST - ZIP PUNTA GORDA FL 33950
TITLE TD	NAME DUFORT, DORTHY
STREET ADDRESS H-11 369 COLDEWAY DR	CITY - ST - ZIP PUNTA GORDA FL 33950
TITLE VP/D	NAME MARFA, JOSEPH
STREET ADDRESS H-61 369 COLDEWAY DR	CITY - ST - ZIP PUNTA GORDA FL 33950
TITLE D	NAME KRACH, HAROLD
STREET ADDRESS D-10 271 COLDEWAY DR	CITY - ST - ZIP PUNTA GORDA FL 33950
TITLE D	NAME GREGORY, DAVID
STREET ADDRESS D-10 271 COLDEWAY	CITY - ST - ZIP PUNTA GORDA FL 33950

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	1.2 NAME NORDQUIST, THOMAS D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 317 ColdeWAY Dr F-12	1.4 CITY - ST - ZIP PUNTA GORDA, FL 33950	
2.1 TITLE VD	2.2 NAME GREGORY, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS 271 ColdeWAY Dr D-10	2.4 CITY - ST - ZIP PUNTA GORDA, FL 33950	
3.1 TITLE SD	3.2 NAME CRISPINO, Charles P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.3 STREET ADDRESS 300 ColdeWAY Dr F-2	3.4 CITY - ST - ZIP PUNTA GORDA, FL 33950	
4.1 TITLE TD	4.2 NAME Michael, Richard P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.3 STREET ADDRESS 299 ColdeWAY Dr. F-3	4.4 CITY - ST - ZIP PUNTA GORDA, FL 33950	
5.1 TITLE D	5.2 NAME MARFA JOSEPH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS 369 ColdeWAY Dr. H-6	5.4 CITY - ST - ZIP PUNTA GORDA, FL 33950	
6.1 TITLE D	6.2 NAME KRACH, HAROLD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS 271 ColdeWAY Dr. D-10	6.4 CITY - ST - ZIP PUNTA GORDA, FL 33950	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard P. Michael* **Richard P. Michael** **4/10/95** **743-7111**
Signature and Typed or Printed Name of Signing Officer or Director Date Date of Filing