

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09769 (3)

1. Corporation Name
BRIDGE POINT CONDOMINIUM ASSOCIATION, INC.

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

300001792813
-04/24/96--01057--022
***61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		06/14/1985		04/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2567016		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

MICHAEL, RICHARD P.
299 COLDEWAY DRIVE, F-3
PUNTA GORDA FL 33950

81 Name **JERRY SPAGNUOLO**
82 Street Address (P.O. Box Number is Not Acceptable)
293 COLDEWAY DRIVE
83
84 City **PUNTA GORDA** FL 85 Zip Code **33950**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jerry R. Spagnuolo* *Jerry R. Spagnuolo* *April 2, 1996*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORQUIET, THOMAS D.	1.2 NAME	JERRY SPAGNUOLO
STREET ADDRESS	317 COLDEWAY DR., F-12	1.3 STREET ADDRESS	293 COLDEWAY DRIVE
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, DAVID	2.2 NAME	LOIS FREEMAN
STREET ADDRESS	271 COLDEWAY DR, D-10	2.3 STREET ADDRESS	313 COLDEWAY DRIVE
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISPINO, CHARLES P.	3.2 NAME	JOHN BURKE
STREET ADDRESS	300 COLDEWAY DR., F-2	3.3 STREET ADDRESS	323 COLDEWAY DRIVE
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL, RICHARD P.	4.2 NAME	One Rodriguez
STREET ADDRESS	299 COLDEWAY DR., F-3	4.3 STREET ADDRESS	279 ColdeWAY Dr.
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARFIN, JOSEPH	5.2 NAME	RONALD MUECHONG
STREET ADDRESS	369 COLDEWAY DR., H-6	5.3 STREET ADDRESS	331 ColdeWAY Dr
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRACH, HAROLD	6.2 NAME	
STREET ADDRESS	271 COLDEWAY DR., D-10	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	

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 119.07(9)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles P. Crispino* CHARLES P. CRISPINO 4/1/96 516 921 5340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)