


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 15 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N09769 (3)**  
1. Corporation Name  
**BRIDGE POINT CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>225 COLDEWAY DRIVE PUNTA GORDA FL 33950</b>	Mailing Address <b>225 COLDEWAY DRIVE PUNTA GORDA FL 33950</b>
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3. Date Incorporated or Qualified <b>06/14/1985</b>
4. FEI Number <b>59-2567016</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 212 W. Virginia Ave.</b> Suite, Apt. #, etc. <b>22 #112</b> City & State <b>23 Punta Gorda, FL</b> Zip <b>24 33950</b> Country <b>25 Charlotte</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**SPAGNUOLO, JERRY R  
293 COLDEWAY DR  
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent  
**81 Name  
Bennett, Dorothy M.  
82 Street Address (P.O. Box Number is Not Acceptable)  
212 W. Virginia Avenue  
83 Suite 112  
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 *Dorothy M. Bennett* DATE **4/6/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SPAGNUOLO, JERRY 293 COLDEWAY DR. PUNTA GORDA FL 33950</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GREGORY, DAVID 271 COLDEWAY DR, D-10 PUNTA GORDA FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CRISPINO, CHARLES P. 300 COLDEWAY DR., F-2 PUNTA GORDA FL</b> <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FREEMAN, LOIS 313 COLDEWAY DR. PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD BURKE, JOHN 323 COLDEWAY DR. PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RODRIGUEZ, EVE 279 COLDEWAY DR. PUNTA GORDA FL 33950</b> <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SD Muschong, Ronald 2821 W. Marion Ave. Punta Gorda, FL 33950</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D Hudson, Charles 406 River Dr. Millville, DE 19970</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *[Signature]* DATE: **April 7, 1998**

CR2E037 (10/97)