

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90022 014 \*\*\*\*61.25

**DOCUMENT # N09769**

1. Entity Name  
**BRIDGE POINT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 212 W VIRGINIA AVE 112 PUNTA GORDA FL 33950 US	Mailing Address 225 COLDEWAY DRIVE PUNTA GORDA FL 33950-5257
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937087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2567016</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent  <b>BENNETT, DOROTHY M</b> 212 W VIRGINIA AVE STE 112 PUNTA GORDA FL 33950			7. Name and Address of New Registered Agent		
			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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. NAME, TITLE, ADDRESS OF OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TD	SPAGNUOLD, JERRY 293 COLDEWAY DR. PUNTA GORDA FL 33950	TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	JOSEPH, MARTIA 359 COLDEWAY DR H6 PUNTA GORDA FL 33950	TITLE <b>(Secretary &amp; Director)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	CRISPINO, CHARLES P. 300 COLDEWAY DR., F-2 PUNTA GORDA FL	TITLE <b>(Treasurer &amp; Director)</b> Donald Freeman 13324 W County House Rd. Albion, NY 14411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD	MUSCHONG, RONALD 2821 W MARION AVE PUNTA GORDA FL 33950	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HUDSON, CHARLES 406 RIVER DR MILLVILLE DE 19970	TITLE <b>(President &amp; Director)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ **SIGNATURE REQUIRED** **4-10-00** **941-639-1142**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)