

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90184 037 ****61.25

0070688

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

937414



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2421 SHREVE ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 STE 115

City & State

PUNTA GORDA FL

City & State

PUNTA GORDA FL

4. FEI Number

59-2567016

Applied For

Not Applicable

Zip

33950

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, DOROTHY M
 212 W VIRGINIA AVE
 STE 112
 PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name
 DOROTHY M. BENNETT
 Street Address (P.O. Box Number is Not Acceptable)
 GFA S, INC
 2421 SHREVE ST., STE 115
 City
 PUNTA GORDA FL Zip Code
 33950

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

Dorothy M. Bennett
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/01

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SPAGNUOLD, JERRY	
STREET ADDRESS	293 COLDEWAY DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JOSEPH, MARTIA	
STREET ADDRESS	359 COLDEWAY DR H6	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUDSON, CHARLES	
STREET ADDRESS	406 RIVER DR	
CITY-ST-ZIP	MILLVILLE DE 19970	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FREEMAN, DONALD	
STREET ADDRESS	13324 W COUNTY HOUSE RD	
CITY-ST-ZIP	ALBION NY 14411	
TITLE	TI	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON BEATON	
STREET ADDRESS	351 COLDEWAY DR H-2	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 SERVICES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 26/01

Date

Daytime Phone #

1-941
 639-7806

CR2E037 (10/00)