

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90176 014 ****61.25

DOCUMENT # N09769

1. Entity Name

BRIDGE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2421 SHREVE ST
 STE 115
 PUNTA GORDA FL 33950
 US

225 COLDEWAY DRIVE
 PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2567016

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BENNETT, DOROTHY M
GFAS INC
2421 SHREVE ST STE 115
PUNTA GORDA FL 33950

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

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

(NOTE: Registered Agent signature required when reinstating)

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 checked="" 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 | TD | <input type="checkbox"/> Delete |
| NAME | BEATON, DON | |
| STREET ADDRESS | 351 COLDEWAY DR H-2 | |
| CITY-ST-ZIP | PUNTA GORDA FL 33950 | |
| 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 | | <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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 24/02 639-7856

CR2E037 (9/01)