


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90205 018 \*\*\*\*61.25

<b>DOCUMENT # N09769</b>							
1. Entity Name BRIDGE POINT CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 2421 SHREVE ST STE 115 PUNTA GORDA, FL 33950 US		Mailing Address 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		04222005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2567016 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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			<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GABAR, TERRANCE		NAME	James A. Howd			
STREET ADDRESS	359 COLDEWAY DR H6		STREET ADDRESS	354 Peartree Dr			
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	CLARKSVILLE, TN 37043			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HARLAN, JAMES		NAME	BUD STRUBLE			
STREET ADDRESS	406 RIVER DR		STREET ADDRESS	983 HAW ST.			
CITY-ST-ZIP	MILLVILLE, DE 19970		CITY-ST-ZIP	GRAFTON, NH 03240			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LOWERY, EVERETT		NAME	PAUL A. CAHINITI			
STREET ADDRESS	291 COLDEWAY DR #E5		STREET ADDRESS	P.O. Box 492			
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	Southold, NY 11971			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LEGG, DODDIE		NAME	ELAINE BYRNE			
STREET ADDRESS	369 COLDEWAY DR HILL		STREET ADDRESS	6 BARLETT CT			
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	Roseland, NJ 07068			
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME	STEPHEN FRAZIER			
STREET ADDRESS			STREET ADDRESS	6 LISA ST			
CITY-ST-ZIP			CITY-ST-ZIP	Burlington, MA 01803			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: <i>Everett Lowery</i>		EVERETT LOWERY Treas		941 575 6780			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			