## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

**DOCUMENT # N09769** 

BRIDGE POINT CONDOMINIUM ASSOCIATION, INC.

## **FILED** Apr 28, 2006 8:00 am Secretary of State 04-28-2006 90207 010 \*\*\*\*61.25

2421 SHREVE ST			225	Mailing Address 225 COLDEWAY DRIVE PUNTA GORDA, FL 33950				60030867					
2. Principal Place of Business 3.			3. Mai	3. Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				03132006	Chg-NP	C	CR2E0	37 (11/05)	)
City & State			City & State				4. FEI Numbe 59-256					Applied For Not Applicable	
Zip	Zip Country		Zìr	Zip		Country			of Status Desi	red		\$8.75 A	dditional
<u> </u>	6. Name	and Address of Current	t Register	ed Agent	1			7. Name and	Address of N	ew Regi	istered	Fee Regui	rea
DEMMETT						Name		.,					
BENNETT, DOROTHY M GFAS INC						Street Add	Idress (P	O. Box Numbe	er is Not Accer	otable)			
2421 SHR		-			-								
PUNTA GORDA, FL 33950					-	City				FL	Zip Co	ode	
		y submits this statement for	ior the purp	oose of changing its	registered	d office or r	registere	ed agent, or bot	th, in the State	of Florida	a. I am	familiar wit	h, and accept
li le obligat	tions of regist	ered agent.											
SIGNATURE													<u>-</u>
	Signature, typed	or printed name of registered agen	and title if app	plicable. (NOTE	: Registered /	Agent signature	e required v	when reinstating)			DATÉ		
Filing Fee is \$61.25 Due by May 1, 2006			9. Election Campaign Financing Trust Fund Contribution.										
	_							\$5.00 May B Added to Fees	Be			k payable tment of	
10.	Due by M		RECTORS	Trust Fund C			J .	Added to Fees	Be IANGES TO OF	Florida	Depar	tment of	State
TITLE	Due by N	May 1, 2006 OFFICERS AND DI	RECTORS	Trust Fund C	11.		J .	Added to Fees		Florida	Depar	tment of	State IN 10
	SD HOWD, J	May 1, 2006 OFFICERS AND DI	IRECTORS	Trust Fund C	11. TITLE NAME		J .	Added to Fees		Florida	Depar	tment of	State IN 10
TITLE NAME	SD HOWD, JA 354 PEAR	Aay 1, 2006  OFFICERS AND DI	IRECTORS	Trust Fund C	11. TITLE NAME	r address	J .	Added to Fees		Florida	Depar	tment of	State IN 10
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE	SD HOWD, JA 354 PEAR CLARKSV	Aay 1, 2006  OFFICERS AND DI  AMES A RTREE DRIVE  //ILLE, TN 37043	IRECTORS	Trust Fund C	11. TITLE NAME STREET CITY-S	T ADDRESS	A	Added to Fees	ANGES TO OF	FICERS	Depar	tment of	State IN 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SD HOWD, J/ 354 PEAR CLARKSV PD STRUBLE 983 MAIN GRAFTON	AMES A RTREE DRIVE //ILLE, TN 37043 E, BUD STREET N, NH 03240	IRECTORS	Trust Fund C	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	T ADDRESS	A	Added to Fees	ANGES TO OF	FICERS	Depar	RECTORS Change	State IN 10 Addition Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD HOWD, JJ 354 PEAR CLARKS PD STRUBLE 983 MAIN GRAFTOI TD LOWERY 291 COLL PUNTA G VD CAHNITI, P O BOX	AMES A RTREE DRIVE //ILLE, TN 37043 E, BUD P STREET N, NH 03240  EVERETT DEWAY DR #E5 FORDA, FL 33950  PANG A 992	DIRECTORS	Trust Fund C	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	PD 2244, P.O. SOUL SALS	Added to Fees  DDITIONS/CH  DDITIONS/CH  DOINT ( )  BOOK 99  HAOLA,  COLE -1  LIRAS, AL	PAUL 2 NY 119: PESTUY 1195 2 36830	FICERS	AND DI	Thange  Change	State IN 10 Addition Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, of on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR