

FILE NOW: FILING FEE IS \$61.25

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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002416 (5)**
1. Corporation Name

BRIDGES OF AMERICA - THE DADE BRIDGE, INC.



Principal Place of Business 2055 MERCY DR ORLANDO FL 32808 US	Mailing Address 2055 MERCY DR ORLANDO FL 32808-5629 US
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3. Date Incorporated or Qualified

05/13/1994

4. FEI Number

59-3289590

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COSTANTINO, FRANK
2055 MERCY DR
ORLANDO FL 32808-5629**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **D COSTANTINO, FRANK**
STREET ADDRESS **5519 BAYSIDE DRIVE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

32819

TITLE ☐ DELETE

NAME **D MCMURTRY, GRADY**
STREET ADDRESS **4698 HALL RD**
CITY-ST-ZIP **ORLANDO FL 32817**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D POITRAS, EDWARD W**
STREET ADDRESS **~~878 MOORE RD~~**
CITY-ST-ZIP **HAINES CITY FL 33844**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

27 Lake Hamilton Beach

TITLE ☐ DELETE

NAME **D HARRISON, BEN**
STREET ADDRESS **P O BOX 1189 RT 1**
CITY-ST-ZIP **CLERMONT FL 32711**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D BROWN, DON**
STREET ADDRESS **~~1375 COUNTY RD 865A~~**
CITY-ST-ZIP **~~CLERMONT FL 34711~~**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**625 Whip-O-Will Lane
St Cloud, FL 34711**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Frank Costantino

CR2E037 (10/97)