

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N04116** (2)

1. Corporation Name

BRIDGEPOINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% GUARANTEE MANAGEMENT SERVICES
111 FOUNTAINEBLEAU BLVD.
MIAMI FL 33172-4507

% GUARANTEE MANAGEMENT SERVICES
111 FOUNTAINEBLEAU BLVD.
MIAMI FL 33172-4507

3. Date Incorporated or Qualified

07/11/1984

4. FEI Number

59-2489033

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 201
MIAMI FL 33134-9884

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	PD	<input type="checkbox"/> DELETE
NAME	ABSTEIN, JOHN D	
STREET ADDRESS	5430 SW 69TH PLACE	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAM PINSON	
1.3 STREET ADDRESS	7151 S.W. 55 Terrace	
1.4 CITY-ST-ZIP	Miami, FL 33155	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GREEN, TOM	
STREET ADDRESS	5470 SW 70 PLACE N	
CITY-ST-ZIP	MIAMI FL	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dr. Florience Wechsberg	
2.3 STREET ADDRESS	7150 SW 55 Terr. West	
2.4 CITY-ST-ZIP	Miami, FL 33155	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MAROTTA, FRANCESCA	
STREET ADDRESS	6961 SW 55TH TERRACE	
CITY-ST-ZIP	MIAMI FL	

3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAUREEN D. FURLAN	
3.3 STREET ADDRESS	7140 SW 70 place North	
3.4 CITY-ST-ZIP	Miami, FL 33155	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARSONS, BETTY	
STREET ADDRESS	6931 SW 55TH TERRACE EAST	
CITY-ST-ZIP	MIAMI FL	

4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tom Green	
4.3 STREET ADDRESS	5470 SW 70Place North	
4.4 CITY-ST-ZIP	Miami, FL 33155	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WECHSBERG, FLORENCE	
STREET ADDRESS	7150 SW 55TH TERRACE WEST	
CITY-ST-ZIP	MIAMI FL	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	THEODORE PARSONS	
5.3 STREET ADDRESS	6931 SW 55 Terr. East	
5.4 CITY-ST-ZIP	Miami, FL 33155	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/98

520-2300

Date

Daytime Phone #

CR2E037 (10/97)