
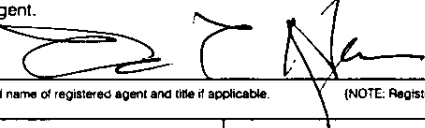
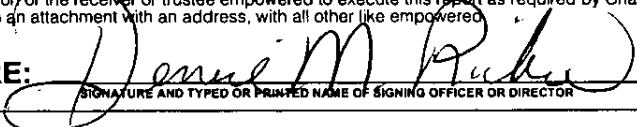


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90084 042 ****61.25

DOCUMENT # N04116 1. Entity Name BRIDGEPOINT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 12301 SW 132ND CT MIAMI, FL 33186			Mailing Address 12301 SW 132ND CT MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2489033	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRIAY, CARLOS 10570 NW 27 STREET #103 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Hyman Spector & Mars, LLP Street Address (P.O. Box Number is Not Acceptable) 150 W Flagler street, Suite #2701 City Miami FL Zip Code 33130	
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  4/17/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICKER, DENISE 14275 SW 142 DRIVE MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Albert Suarez 5541 SW 70th Place Miami FL 33155
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KERDYK, KIM 14275 SW 142 AV MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SHILEN, MARILEE 14275 SW 142 AVE MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNAR, VIVIAN 14275 SW 142 AVE MIAMI, FL 33186	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELLINGHOFF, ANNETTE 14275 SW 142 AVE MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  3/28/07 305-358-2800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40072703



03152007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2489033

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

Name Hyman Spector & Mars, LLP

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

150 W Flagler street, Suite #2701

City Miami FL Zip Code 33130

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

4/17/07

9. Election Campaign Financing

Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P RICKER, DENISE 14275 SW 142 DRIVE MIAMI, FL 33186

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP KERDYK, KIM 14275 SW 142 AV MIAMI, FL 33186

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T SHILEN, MARILEE 14275 SW 142 AVE MIAMI, FL 33186

☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S BENNAR, VIVIAN 14275 SW 142 AVE MIAMI, FL 33186

☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D WELLINGHOFF, ANNETTE 14275 SW 142 AVE MIAMI, FL 33186

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