

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766123

**Entity Name:** BRIDGEVIEW ASSOCIATION, INC.

**Current Principal Place of Business:**

5199 PRIVET PLACE  
DELRAY BEACH, FL 33484

**Current Mailing Address:**

5199 PRIVET PLACE  
DELRAY BEACH, FL 33484 US

**FEI Number:** 59-2342115

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSENBAUM PLLC  
STEVE BRATEN  
250 S AUSTRALIAN AVENUE 5TH FLOOR  
WEST PALM BEACH, FL 33401 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           KESSLER, JOSEPH  
Address        5052-B PRIVET PLACE  
City-State-Zip: DELRAY BEACH FL 33484

Title           VP  
Name           GATTO, JOE  
Address        5451-A PRIVET PLACE  
City-State-Zip: DELRAY BEACH FL 33484

Title           TREASURER  
Name           URSILLO, JEFFREY  
Address        5400-A POPPY PLACE  
City-State-Zip: DELRAY BEACH FL 33484

Title           SECRETARY  
Name           POLLITT, ROBERT  
Address        5269-D POPPY PLACE  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           CALDARONE, SHIRLEY  
Address        5477-D POPPY PLACE  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           GITNER, DEBBIE  
Address        5451-C PRIVET PLACE  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           MATTIA, LORRAINE  
Address        5474-D PRIVET PLACE  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           ST AUBIN, CAROL  
Address        5132-D PETAL PLACE  
City-State-Zip: DELRAY BEACH FL 33484

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOSEPH KESSLER

**PRESIDENT**

**02/23/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           IZZO, SYLVIA  
Address        5284-B PRIVET PLACE  
City-State-Zip: DELRAY BEACH FL 33484