2013 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

FEI Number: 59-2342115

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPLAN, LOUIS
6111 BROKEN SOUND PKWY N.W.
SUITE 200
BOCA RATON, FL 33487 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	SECRETARY		Title	PRESIDENT
Name	IZZO, SYLVIA P		Name	SANDVOSS, KEN
Address	5284-B PRIVET PL		Address	5432-B PRIVET PL
City-State-Zip:	DELRAY BEACH FL 33484		City-State-Zip:	DELRAY BCH. FL 33484
Title	TRE		Title	VP
Name	KOOPMAN, ESTELLE		Name	KESSLER, JOE
Address	5264-B PRIVET PL		Address	5052-B PRIVET PL
City-State-Zip:	DELRAY BEACH FL 33484		City-State-Zip:	DELRAY BEACH FL 33484
Title	DIR		Title	DIR
Name	TOBACK, BUD		Name	KINGSLEY, GEORGE
Address	5094-A PRIVET PL		Address	5322-B POPPY PL
City-State-Zip:	DELRAY BEACH FL 33484		City-State-Zip:	DELRAY BEACH FL 33484
Title	ASST. SECRETARY		Title	DIRECTOR
Name	POLLITT, BOB		Name	ERLICH, ART
Address	5269-D POPPY PL		Address	5326-B PRIVET PL
City-State-Zip:	DELRAY BEACH FL 33484		City-State-Zip:	DELRAY BEACH FL 33484

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: KEN SANDVOSS   PRESIDENT   03/01/2013

Electronic Signature of Signing Officer/Director Detail   Date