

**2018 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  
150 SOUTH 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           DIRECTOR  
Name           IZZO, SYLVIA P  
Address        5199 PRIVET PL  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           DOWNING, MARGIE  
Address        5199 PRIVET PL  
City-State-Zip: DELRAY BCH. FL 33484

Title           TREASURER  
Name           URSILLO, JEFF  
Address        5199 PRIVET PL.  
City-State-Zip: DELRAY BEACH FL 33484

Title           VP  
Name           POLLITT, ROBERT  
Address        5199 PRIVET PL  
City-State-Zip: DELRAY BEACH FL 33484

Title           SECRETARY  
Name           ERLICH, ARTHUR  
Address        5199 PRIVET PL  
City-State-Zip: DELRAY BEACH FL 33484

Title           PRESIDENT  
Name           CONIGLIARO, JOSEPH  
Address        5199 PRIVET PL.  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           MONTANE, JOSE  
Address        5199 PRIVET PLACE  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           CALDARONE, SHIRLEY  
Address        5199 PRIVET PLACE  
City-State-Zip: DELRAY BEACH FL 33484

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*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 CONIGLIARO

**PRESIDENT**

**03/08/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           MATTIA, LORRAINE  
Address        5199 PRIVET PLACE  
City-State-Zip: DELRAY BEACH FL 33484

Title           DIRECTOR  
Name           MESSENGER, ARTHUR  
Address        5199 PRIVET PLACE  
City-State-Zip: DELRAY BEACH FL 33484