2021 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 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

FILED Mar 18, 2021

Secretary of State

3931773302CC

Officer/Director Detail:

VΡ Title **PRESIDENT** Title

GATTO, JOE Name KESSLER, JOSEPH Name

Address 5199 PRIVET PLACE Address 5199 PRIVET PLACE

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title **SECRETARY** Title **TREASURER** Name IZZO, SYLVIA Name URSILLO, JEFFREY

Address 5199 PRIVET PLACE Address 5199 PRIVET PLACE

DELRAY BEACH FL 33484 City-State-Zip: City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR Title DIRECTOR

CLARKE, WILLIAM Name Name POLLITT, ROBERT 5199 PRIVET PLACE Address Address 5199 PRIVET PLACE

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR Title **DIRECTOR**

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

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 KESSLER **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

03/18/2021 Date

Officer/Director Detail Continued:

Title DIRECTOR

Name MATTIA, LORRAINE
Address 5199 PRIVET PLACE

City-State-Zip: DELRAY BEACH FL 33484