

**2014 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:**

DEBOEST, RICHARD II ESQ  
C/O GOEDE, ADAMCZYK & DEBOEST PLLC  
2030 MCGREGOR BOULEVARD  
FORT MYERS, FL 33901 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  
Name IZZO, SYLVIA P  
Address 5284-B PRIVET PL  
City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT  
Name SANDVOSS, KEN  
Address 5432-B PRIVET PL  
City-State-Zip: DELRAY BCH. FL 33484

Title DIRECTOR  
Name SAMUELSON, JANE  
Address 5270-D POPPY PL  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name KESSLER, JOE  
Address 5052-B PRIVET PL  
City-State-Zip: DELRAY BEACH FL 33484

Title DIR  
Name TOBACK, BUD  
Address 5094-A PRIVET PL  
City-State-Zip: DELRAY BEACH FL 33484

Title DIR  
Name KINGSLEY, GEORGE  
Address 5322-B POPPY PL  
City-State-Zip: DELRAY BEACH FL 33484

Title VP  
Name POLLITT, BOB  
Address 5269-D POPPY PL  
City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR  
Name ERLICH, ART  
Address 5326-B PRIVET PL  
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: KEN SANDVOSS**

**PRESIDENT**

**03/20/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name            CONIGLIARO, JOE  
Address         5321 POPPY PL. #104  
City-State-Zip: DELRAY BEACH FL 33484