

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09769

Entity Name: BRIDGE POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

COLDEWAY DRIVE
PUNTA GORDA, FL 33950

Current Mailing Address:

P.O. BOX 495840
PORT CHARLOTTE, FL 33949 US

FEI Number: 59-2567016

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SW GATEWAY, INC
1532 RIO DE JANEIRO
PUNTA GORDA, FL 33983 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: KRISTINE WISHARD

03/23/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title ASST. SECRETARY
Name GRAHAM, FRED
Address P.O. BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title PRESIDENT
Name CRANSON, JEFFREY
Address P.O. BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name HRYCK, WILLIAM
Address P.O. BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title TREASURER
Name HUNT, THOMAS
Address P.O. BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title SECRETARY
Name GREEN, JAMES
Address P.O. BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title VP
Name RODRIGUEZ, LAWRENCE
Address P.O. BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name SCOTT, DAVID
Address P.O. BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

Title MANAGER
Name WISHARD, KRISTINE
Address P.O. BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949

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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: KRISTINE WISHARD

MANAGER

03/23/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HORTON, JILL
Address P.O. BOX 495840
City-State-Zip: PORT CHARLOTTE FL 33949