

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727344** (4)
1. Corporation Name
VILLAGE OF BRIDGEWOOD ASSOCIATION, INC.



Principal Place of Business: **2400 BRIDGEWOOD DR. BOCA RATON FL 33434**
Mailing Address: **2400 BRIDGEWOOD DR. BOCA RATON FL 33434**

3. Date Incorporated or Qualified: **08/16/1973**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-1506970**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

21. Principal Place of Business: Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

9. Name and Address of Current Registered Agent
**MEYER, CAROL J JR
2400 BRIDGEWOOD DR
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when transferring) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: SD	FEUERMAN, ARNOLD 2901 BRIDGEWOOD LN BOCA RATON FL	1.1 TITLE: <input checked="" type="checkbox"/> DELETE
TITLE: TD	HEYMAN, JUDITH S. 1874 BRIDGEWOOD DR BOCA RATON FL	1.2 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	GODSHAW, HAL 1003 BRIDGEWOOD DR. BOCA RATON FL	1.3 STREET ADDRESS: 2809 BRIDGEWOOD CIR
TITLE: PD	TAYLOR, JOYCE 1672 BRIDGEWOOD DR BOCA RATON FL	1.4 CITY - ST - ZIP: BOCA RATON FL
TITLE: VD	BLODINGER, JACK 2208 BRIDGEWOOD DR BOCA RATON FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	MODEST, ARLENE 101 BRIDGEWOOD CT. BOCA RATON FL	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.3 STREET ADDRESS: VP/D
		2.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.3 STREET ADDRESS: D BUSH, IRWIN
		3.4 CITY - ST - ZIP: 402 BRIDGEWOOD CT
		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.3 STREET ADDRESS: BOCA RATON FL
		4.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.4 CITY - ST - ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joyce Taylor* 4/1/96 407 483-7133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)